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No. 06-162

In The
Supreme Court of the United States

SANDRA CANO, FORMERLY KNOWN AS "MARY DOE" OF DOE V. BOLTON,

Petitioner,

v.

THURBERT E. BAKER, Attorney General of the State of Georgia, PAUL L. HOWARD, JR., District Attorney of Fulton County, Georgia, RICHARD PENNINGTON, Chief of Police of the City of Atlanta,

Respondents.

On Petition For A Writ Of Certiorari To The United States Court Of Appeals For The Eleventh Circuit

MOTION FOR LEAVE TO FILE BRIEF *AMICI CURIAE* AND BRIEF *AMICI CURIAE* OF THE NURTURING NETWORK, HEARTBEAT INTERNATIONAL, CARE NET, NATIONAL INSTITUTE OF FAMILY AND LIFE ADVOCATES, ABORTION RECOVERY INTERNATIONAL NETWORK, AND CHRISTIAN LEGAL SOCIETY IN SUPPORT OF PETITIONER

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MOTION FOR LEAVE TO FILE BRIEF *AMICI CURIAE*

Amici curiae The Nurturing Network (TNN), Heartbeat International, Inc. (Heartbeat), Care Net, The National Institute of Family and Life Advocates (NIFLA), The Abortion Recovery International Network (ARIN), and the Christian Legal Society (CLS) have sought the consent of the parties to participate in this matter by the filing of the enclosed brief. A consent letter from counsel for Petitioner to file this brief is on file with the Clerk in accordance with Rule 37.3, but counsel for Respondents has withheld consent, necessitating this motion.

This motion and the enclosed brief are filed in support of the Petitioner Sandra Cano to inform the Court of the interests of *amici* in this case and to show how significant medical, scientific, and psychological developments in the 33 years since this Court's decisions in *Doe v. Bolton*, 410 U.S. 179 (1973), and its companion case *Roe v. Wade*, 410 U.S. 113 (1973), render continued application of the decision in *Doe* unjust.

As set forth more fully in the "*Statements of Interest of Amici Curiae*" section of the attached brief, *amici* TNN, Heartbeat, Care Net, NIFLA, and ARIN are §501(c)(3) nonprofit organizations involved in caring for women who encounter an unexpected pregnancy or its aftermath.[1]

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[1] *Amici* CLS is a nonprofit interdenominational association of Christian attorneys, law students, law professors, and judges. CLS and many of its members not only advocate on behalf of the inalienable right to life, but also work to create a society that will embrace and care for both mother and child. To this end, CLS and many members have worked to help develop legal and social mechanisms to address the needs of women who might otherwise pursue abortions and to assist

(Continued on following page)

Amici collectively have more than one hundred years experience caring for women who have undergone abortions. As national organizations whose affiliated members, professional staff, and volunteers have collectively worked directly with the hundreds of thousands of women who encounter crisis pregnancies, many of whom have experienced or will soon face harmful post-abortion symptoms or conditions harmful to their physical and psychological health, *amici* have direct and vital interests in protecting women from the various harms abortion yields that were not known or considered by the Court when it rendered its opinions in *Doe* and *Roe*. *Amici* have witnessed and now care for tens of thousands of women who are now reporting how abortion has harmed them. *Amici* have every reason to believe that many more women will be coming forward to report the harm abortion has done and is doing to them.

Amici submit this brief to address two critical factual assumptions made by the Court in *Doe* and *Roe* that have changed since those decisions were rendered. First, contrary to the expressed assumption that abortion helps women, *amici* have first-hand experience that abortion poses significant and grave risks to the health of women far exceeding the health risks and other concerns posed by carrying their children to term. Second, in the 33 years since *Doe* and *Roe* were decided, an infrastructure of care has developed in the United States offering a variety of practical and compassionate alternatives to abortion for women that simply did not exist in 1973. These alternatives mean that an unwanted pregnancy no longer must

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organizations, such as the other *amici*, that care for women who are considering or have undergone abortions.

result in an unwanted and burdensome child, a dashed career, or an abortion. *Amici* have been intimately and extensively involved in the development of these alternatives and continue to provide this care and support to hundreds of thousands of pre- and post-abortive women each year.

The experience of *amici* in providing this extensive ongoing care to so many pre- and post-abortive women offers an important analytical complement to and a unique perspective on the factual, legal, and constitutional issues presented by the pending petition. *Amici* therefore respectfully urge that the Court grant this *Motion For Leave To File Brief Amici Curiae*.

Respectfully submitted,

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QUESTIONS PRESENTED

1. Should the original judgment in *Doe v. Bolton*, 410 U.S. 179 (1973), be vacated under Federal Rule of Civil Procedure 60 due to the substantially changed factual and/or legal conditions that make it no longer just or equitable for prospective application?

2. Is Petitioner Sandra Cano entitled under Federal Rule of Civil Procedure 60 to any relief, substantive or procedural?

3. Should the Court, at a minimum, require the district court to hold a hearing to afford fundamental due process that would lead to determining whether *Doe v. Bolton* should be reexamined?

4. Does the district court have a role in preparing the factual basis in a Federal Rule of Civil Procedure 60(b) motion based on *Agostini v. Felton*, 521 U.S. 203 (1997)?

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Gissler, Mika, Berg, Cynthia, Bouvier-Colle, Marie-Hélène & Buekens, Pierre (2004), *Methods For Identifying Pregnancy-Associated Deaths: Population-Based Data From Finland 1987–2000*, Paediatric & Perinatal Epidemiology 18 (6), 448-455 17

Peggy Hartshorn, Ph.D., "Pregnancy Help Centers: Prevention, Crisis Intervention, Healing: Putting It All Together," in *Back to the Drawing Board: The Future of the Pro-Life Movement*, Teresa R. Wagner, ed. (South Bend, Ind.: St. Augustine's Press, 2003) 14, 18, 19

Heartbeat International, "Worldwide Directory of Life Affirming Pregnancy Services," at www.heartbeatinternational.org 15, 17, 18

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STATEMENTS OF INTEREST OF *AMICI CURIAE*[2]

The Statements of Interest of *amici curiae* are set out in Appendix A hereto. *Amici curiae* Heartbeat International, Inc, Care Net, The Nurturing Network (TNN), Abortion Recovery Inter-national Network (ARIN), and National Institute of Family and Life Advocates (NIFLA) are all 501(c)(3) not for profit organizations involved in caring for women who encounter an u nexpected pregnancy or its aftermath. *Amici* Christian Legal Society (CLS) is a nonprofit interdenominational association of Christian attorneys, law students, law professors, and judges. CLS and many of its members not only advocate on behalf of the inalienable right to life, but also work to create a society that will embrace and care for both mother and child.

As national organizations whose affiliated members, professional staff and volunteers have collectively worked directly with hundreds of thousands of women who encounter crisis pregnancies, many of whom have experienced or will soon face harmful post-abortion symptoms or conditions harmful to their physical and psychological health, *amici* have direct and vital interests in protecting women from the various harms abortion yields that were not known or considered by the Court when it rendered its opinion in *Doe v. Bolton*. Because *amici* have witnessed and now care for the thousands of women who are now reporting how abortion has harmed them, and because *amici* have every reason to believe that many more women will be coming forward to report the harm abortion has done and is doing to them, *amici* urge this Court to grant *certiorari*, vacate the rulings below and remand with

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[2] This *amici curiae* brief is submitted in support of the Petitioner. By letters filed with the Clerk of the Court, Petitioner has consented to the filing of this brief. Respondent has withheld consent. Pursuant to Supreme Court Rule 37.6, *amici* disclose that: (1) no counsel for a party authored this brief in whole or in part; and (2) no person or entity, other than the *amici curiae*, their supporters, or their counsel has made a monetary contribution to the preparation of this brief.

instruction to hold an evidentiary hearing so that Petitioner may demonstrate that the facts and factual understandings underlying the *Doe* decision have so materially changed as to make its further prospective application neither just nor equitable.

SUMMARY OF THE ARGUMENT

This Court has indicated that when the facts supporting a constitutional decision – even a "watershed" decision, such as *Doe v. Bolton*, 410 U.S. 179 (1973) – "have so changed, or come to be seen so differently, as to have robbed the old rule of significant application or justification," that decision should be reexamined, and modified or even overruled, by this Court.[3] Yet such reexamination cannot occur unless those changed material facts may be introduced into evidence before a court with authority to consider them.

Submission of evidence of significantly changed facts and factual understandings is precisely the purpose of Petitioner's underlying Rule 60(b) motion. The majority opinion in *Doe* was based upon significant factual assumptions that were believed true at the time but have since been proved incorrect or false. Petitioner's motion proffered voluminous evidence of such material factual changes and asked that the District Court conduct an evidentiary hearing. The District Court denied that motion.

This Court's decisions in *Agostini v. Felton* and in *Planned Parenthood v. Casey* provide the critical constitutional principles that permit this Court to grant Petitioner's petition. Both articulate the principle that significant changes in the facts or law underlying an earlier constitutional decision of this Court warrant

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[3] *See Planned Parenthood v. Casey*, 505 U.S. 833, 854-55 (1992) (O'Connor, Kennedy, and Souter, JJ., plurality opinion) (hereinafter "Joint Opinion").

revisiting and even reversing that decision.[4] *Casey* provides the corollary that such action may be required not only by changes in the facts *per se*, but also by changes in the way that such facts have come to be seen or understood.[5] Finally, *Agostini* establishes that Rule 60(b)(5) is the appropriate mechanism for a *party* to the earlier decision to seek such reexamination and reversal.[6]

Amici submit this brief to address two substantial "factual" presumptions made by the Court that have changed since the decision in *Doe*. First, contrary to the expressed presumption in *Doe* and *Roe*[7] that abortion helps women, the *amici* have first hand experience that abortion poses significant and grave risks to the health of women far exceeding the health risks and other concerns posed by carrying their children to term. Second, in the 33 years since *Doe* was decided, an infrastructure of care has developed for women offering a variety of practical and compassionate alternatives to abortion that simply did not exist in 1973. These alternatives mean that an unwanted pregnancy no longer has to result in an unsafe pregnancy, an unwanted and burdensome child, a dashed career, or an abortion.

Amici therefore respectfully urge this Court to grant the petition, vacate the rulings below, and remand this case to the District Court with instructions to conduct an evidentiary hearing and determine in the first instance whether there are significant changes in the facts and factual understandings underlying the *Doe* decision that make its prospective application unjust or inequitable.

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[4] *See Agostini v. Felton*, 521 U.S. 203, 215 (1997); *Casey*, 505 U.S. at 854-55, 863 (Joint Opinion).

[5] *See Casey*, 505 U.S. at 854 (Joint Opinion) (overruling earlier constitutional decision warranted where "facts have so changed, *or come to be seen so differently*, as to have robbed the old rule of significant application or justification") (italics added).

[6] *See Agostini*, 521 U.S. at 238-40.

[7] *Roe v. Wade*, 410 U.S. 113 (1973).

ARGUMENT

I. THE PETITION SHOULD BE GRANTED TO PERMIT THE FEDERAL COURTS TO CONSIDER SIGNIFICANT CHANGES IN THE MATERIAL FACTS REGARDING THE HARM ABORTION CAUSES WOMEN AND ALTERNATIVES TO ABORTION THAT WERE NOT KNOWN AT THE TIME OF THIS COURT'S DECISION IN *DOE V. BOLTON*.

A. This Court Has The Legal Authority To Grant Petitioner's Motion Under Its Construction Of Rule 60(b) In *Agostini* And Of *Stare Decisis* In *Casey*.

Whenever the facts supporting a constitutional decision of this Court "have so changed, or come to be seen so differently, as to have robbed the old rule of significant application or justification," that decision should be re-examined by this Court.[8] Even a "watershed" constitutional decision, such as *Doe v. Bolton*, should be overruled or modified when justified based upon "facts, or an understanding of facts, changed from those which furnished the claimed justifications for the earlier constitutional resolutions."[9]

Yet such re-examination cannot occur unless the material facts that "have so changed, or come to be seen so differently," may be introduced into evidence before a court with authority to consider them. Submission of such evidence and consideration of such changed facts and factual understandings is precisely the purpose of Petitioner's underlying Rule 60(b) motion. That motion asked that the District Court conduct an evidentiary hearing regarding material factual changes that might require vacating the 1973 judgment in Petitioner's favor in the original *Doe* litigation.

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[8] *See Planned Parenthood v. Casey*, 505 U.S. 833, 854-55 (1992) (O'Connor, Kennedy, and Souter, JJ., plurality opinion) (hereinafter "Joint Opinion").

[9] *See Casey*, 505 U.S. at 863 (Joint Opinion).

Petitioner's motion arises from her recognition that the relevant scientific, medical, legal, and philosophical facts as they exist and are understood today do not support the position she took and the relief that she obtained and, more significantly, do not support the majority opinion in *Doe*.[10] The majority opinion in *Doe* was based upon a significant number of factual assumptions that were believed true at the time but have since been proved incorrect or false.[11] Most of the medical and scientific information considered by the Court and relied upon in Justice Blackmun's majority opinions in *Doe* and in *Roe* was introduced for the first time in the Supreme Court,[12] or uncovered by the research of individual Justices.[13] In this respect, Petitioner's Rule 60(b) motion seeks to permit the development of the full factual record that should have been developed in the original litigation of this matter.[14]

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[10] Indeed, Petitioner has submitted uncontroverted evidence that the factual record upon which relief was granted in *Doe* was in her case simply false and that she "neither wanted nor sought an abortion." *Compare Doe*, 410 U.S. at 185-86, *with* Affidavit of Sandra Cano, Petitioner's Appendix at 34-43.

[11] *See Doe v. Bolton*, 410 U.S. 179, 208 (1973) (Burger, C.J., concurring) ("I am somewhat troubled that the Court has taken [judicial] notice of various scientific and medical data in reaching its conclusion").

[12] *See, e.g.*, Henry J. Friendly, *The Courts and Social Policy: Substance and Procedure*, 33 U. MIAMI L. REV. 21, 37 (1978) (noting that the medical and scientific information introduced in *Roe* and *Doe* was presented for the first time at the Supreme Court level).

[13] Justice Blackmun later explained that he personally conducted much of the research for the *Roe* majority opinion at the Mayo Clinic library. *See* Justice Harry Blackmun, *Remarks Before the Franco-American Colloquium on Human Rights* 14-15 (1979) (transcript available in the Harvard Law School Library) (stating that opinion in *Roe* was based upon "research, personally and very privately performed, [which] was, I believe, rewarding"), *quoted in* Note, *The Changing Social Vision of Justice Blackmun*, 96 HARV. L. REV. 723 n.34 (1983).

[14] *Amici* expect that, if this Court grants the petition and permits the Rule 60(b) motion to proceed in District Court, substantial evidence will be submitted not only by Petitioner, but also by a number of intervenors and *amici* on both sides of the issue. This will result in the development

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The extensive evidence that Petitioner proffered to the District Court demonstrates that these material facts and factual understandings have significantly changed since this Court issued its decisions in *Doe* and *Roe* in 1973, and indeed even since the subsequent decisions in *Casey* and in *Stenberg v. Carhart*.[15] Yet the District Court refused to hold an evidentiary hearing, nor even to consider any of this evidence, ruling that Rule 60(b)(5) did not permit any relief after the passage of so many years.[16] The District Court's treatment of Rule 60(b) is inconsistent with this Court's statements regarding that Rule. As this Court has stated, such an effort by a party to seek relief from prospective application of the earlier judgment is a "proper application of Rule 60(b)(5),"[17] particularly where, as here, there has been "a significant change either in factual conditions or in law."[18]

In *Casey*, although presented with none of the compelling medical, scientific, psychological, and other evidence that Petitioner now seeks to provide, the Court, while reaffirming *Roe's* and *Doe's* "central holding," nevertheless adjusted the requirements of *Roe* and overruled parts of several

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and testing of an extensive factual record that will greatly aid the District Court, the Court of Appeals, and ultimately this Court in carrying out their respective responsibilities as explained in *Casey* and *Agostini*.

[15] *Stenberg v. Carhart*, 530 U.S. 914 (2000).

[16] *See* District Court Order Denying Rule 60(b) Motion (March 25, 2004), Pet. App. at 21-31. *Cf. Planned Parenthood v. Casey*, 510 U.S. 1309, 1313-14 (1994) (Souter, Circuit Justice) (noting, in denying plaintiffs' application for stay of Court of Appeals' mandate pending petition for certiorari, that plaintiffs "had been given a fair opportunity to develop the record in the District Court" where "the original District Court opinion . . . contains 287 detailed findings of fact and carries every indication that the applicants were given broad latitude to introduce evidence, call witnesses, and elicit testimony").

[17] *See Agostini v. Felton*, 521 U.S. 203, 238-40 (1997).

[18] *See id.* at 215, *citing Rufo v. Inmates of Suffolk County Jail*, 502 U.S. 367, 384 (1992) (appropriate to grant a Rule 60(b)(5) motion when the party seeking relief can show "a significant change either in factual conditions or in law").

earlier rulings that had extended *Roe*'s application. Petitioner's Rule 60(b)(5) motion now seeks to submit for consideration by the courts (and ultimately by this Court[19]) precisely what was not considered in *Casey*: "serious and substantial evidence . . . that goes to the heart of the balance *Roe* [and *Doe*] struck between the choice of a mother and the life of her unborn child."[20] Granting *certiorari* will allow this Court the opportunity to thoroughly and thoughtfully consider the substantial changes in the medical, scientific, psychological, and other facts and factual understandings regarding abortion in America.

Petitioner contends, and *amici* agree, that these changed facts and factual understandings demonstrate that prospective application of *Doe* is no longer just or equitable. But this Court need not resolve that question to grant *certiorari*. Indeed, this Court may not yet have a sufficient factual record upon which to resolve such a question – as it would if Petitioner were allowed to proceed with her Rule 60(b) motion in the District Court. Consequently, *amici* respectfully urge this Court to grant the petition, vacate the rulings below, and remand this case to the District Court with instructions to conduct an evidentiary hearing and determine in the first instance whether there are significant changes in the facts and factual understandings underlying the *Doe* decision that make its prospective application unjust or inequitable.

B. *Amici* Can Provide Substantial Evidence Of Changed Facts And Factual Understandings To Support Granting Petitioner's Rule 60(b) Motion.

Amici's extensive experience in providing support, counseling, and care to women contemplating abortion and

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[19] Consistent with *Agostini*, the ultimate determination whether to overrule or modify *Doe* obviously must rest with this Court. *See Agostini*, 521 U.S. at 237-38.

[20] *See McCorvey v. Hill*, 385 F.3d 846, 850 (5th Cir. 2004) (Jones, J., concurring).

to women dealing with the significant psychological, physiological, emotional, spiritual, and medical consequences of having had abortions enables these *amici* to provide substantial evidence of changes in critical facts and factual understandings to support Petitioner's Rule 60(b) motion. The most significant factual changes relate to the issue, central in *Doe* and *Roe*, of the health of the mother, in two primary ways.

First, *Doe* and *Roe* were premised upon the factual assumption (now demonstrably wrong) that the termination of an unwanted pregnancy through an abortion provided a safe end to a short-term crisis that would allow a woman to return to a normal and a productive life. The years that have passed since *Doe* have made clear that for a substantial number of women the crisis does *not* end after their abortions.[21] These women cannot just "get over" the experience of their abortions. Instead, a great many of these women are psychologically devastated as they realize that they have aborted their unborn children. For these women, abortion is not a relatively safe and easy solution to a crisis pregnancy but the beginning of a much greater crisis.

Second, *Doe* and *Roe* were premised upon the factual assumption and understanding that abortion is the *only* option available to enable most women to avoid the emotional and financial burdens of pregnancy and even more of motherhood. That assumption is also now demonstrably wrong. There are now a myriad of practical and compassionate alternatives to abortion that simply did not exist in 1973. An extensive infrastructure of care is now available to women in crisis pregnancies throughout the United States. This care network allows women to avoid the grave emotional and financial hardships that some women once

[21] *See, e.g.*, Report of the South Dakota Task Force To Study Abortion (Dec. 2005), included in Petitioner's Appendix to the *Petition for Certiorari* ("Pet. App.") at 289-411 and referred to hereinafter as "Task Force Report," at 362-66.

faced in giving birth, while at the same time allowing them to avoid the emotional harms of an abortion.

II. THE SERIOUS, PERVASIVE, LONG-TERM PSYCHOLOGICAL CONSEQUENCES THAT *AMICI* HAVE WITNESSED AND CURRENTLY CARE FOR IN THE LIVES OF HUNDREDS OF THOUSANDS OF POST-ABORTIVE WOMEN ARE SUBSTANTIAL FACTUAL CHANGES THAT SUPPORT GRANTING THE PETITION.

Doe and *Roe* were founded largely upon several essential factual assumptions: (1) that an unwanted pregnancy presents a short-term crisis; (2) that an abortion will provide a "health" benefit to the woman facing such a crisis by allowing her to return to a normal life; and (3) that abortion is a relatively rare and safe procedure without lasting harmful effects on the woman.[22] With the dramatic increase of abortions since the *Doe* and *Roe* decisions, the unexpected and tragic consequences of abortion are emerging and establish the need to reexamine these assumptions.[23]

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[22] *See Roe*, 401 U.S. at 149. The *Doe* and *Roe* Court further assumed that a woman's decision to obtain an abortion would be a medical decision made by or in conjunction with the woman's physician and that such relationship of professional medical care would alleviate any health or safety issues. *See Roe*, 410 U.S. at 149-50; *Doe*, 410 U.S. at 190-91. As the evidence offered by Petitioner below and lodged with this Court shows, nothing could be further from the truth today. To the contrary, as tens of thousands of women have told *amici*, most women don't even meet a doctor until their abortion is underway. Similarly, most such women report that the informed medical consent required in every state in other forms of professional medical care was either absent or grossly inadequate as they approached the decision to abort. *See, e.g.*, Task Force Report, Pet. App. at 313, 352.

[23] According to the Alan Guttmacher Institute's estimates for the years 1973-2000 and the National Right to Life Committee's (NLRC) estimates for the years 2001-2004, more than 45,000,000 abortions have been reported in the United States since *Doe* was decided in 1973. *See* NRLC web site at http://www.nrlc.org/abortion/facts/abortionstats.html. Based upon their collective experience caring for post-abortive women, *amici* estimate at least 75% of those women have suffered from

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In 1973, neither this Court nor the women who have since undergone abortions could have known of the psychological and physiological harms that legalized abortion would cause such women.[24] The presumption communicated by *Doe*, *Roe*, and their progeny is that "abortion is legal and therefore it must be safe as well." However, the experience of *amici*, in working with hundreds of thousands of women yearly since the *Doe* decision, parallels the extensive factual findings presented in the Report of the South Dakota Task Force To Study Abortion, Pet. App. at 289-411, and in the affidavits of experts David C. Reardon, Ph.D. and Theresa Burke, Ph.D. (*see* Pet. App. at 236-37) regarding the complications and ill-effects of abortion. The harmful psychological effects include post-abortion traumatic stress disorder; suicide, suicidal attempts, and suicidal ideation requiring psychiatric care and/or the use of psychotropic drugs; sleep disturbance (including recurring nightmares); sexual dysfunction; increased smoking, alcohol and drug abuse; eating disorders; abuse and/or neglect of their living children; chronic relationship problems (including divorce); and repeat abortions.[25] These changed factual circumstances, further documented below by *amici*, warrant this Court's attention under Rule 60(b),

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or are currently suffering psychological or physical harm from their abortions. The magnitude of this harm to women's health, as well as the "downsizing" of America's population by abortion (ranging from a population loss by age group of between 10.2% and 27.4%, excepting only the age group 45 years or older in 2000), now presents serious implications for women's health, social security, and immigration policy. These implications cannot be adequately addressed by our democratic institutions until this Court considers the material factual and legal circumstances that were not known when *Doe* and *Roe* were decided.

[24] This brief addresses only the psychological effects of abortion as experienced by the women counseled by the *amici* and their affiliates.

[25] *See* "A List of Major Psychological Sequelae of Abortion," Fact Sheet Courtesy of the Elliot Institute, Springfield, Illinois, 1997 (from www.afterabortion.org), at Appendix ("App.") 3-14.

particularly since this Court is the only public institution with the constitutional authority to do so.[26]

A. "If Only I Had Known": The Nurturing Network's 20-Year Experience Counseling And Caring For Thousands Of Post-Abortive Women.

The Nurturing Network (TNN) is extensively involved in working with women suffering from post-abortion trauma. Approximately 50% of such women have already experienced at least one abortion at the time they contact TNN for help.[27] Many such women served by TNN express fear about having to go through another abortion, great remorse, and strong conviction not to add to the emotional anguish already endured. They often share a sense of having been betrayed and then abandoned by those who convinced or pressured them to pursue abortion.

TNN has found that the forces and influences that tend to drive women to abortion are an immediate attempt to escape from shame, hope for greater economic security, and the hope of saving a fragile relationship. However, the actual testimonies of the betrayed and abandoned women in TNN's files expose the miscalculations and illuminate the disillusionment that follow their abortions. Most women identify four primary sources of pressure or coercion that led

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[26] As Judge Edith Jones succinctly pointed out in her concurring opinion in *McCorvey v. Hill*, 385 F.3d 846, 852 (5th Cir. 2004): "[T]he problem inherent in the Court's decision to constitutionalize abortion policy is that unless the Court creates another exception to the mootness doctrine, the Court will never be able to examine its factual assumptions on a record made in court. . . . Hard and social science will of course progress even though the Supreme Court averts its eyes. . . . One may fervently hope that the Court will someday acknowledge such developments and re-evaluate *Roe* and *Casey* accordingly."

[27] *See* "The Nurturing Network: Serving the Urgent and Practical Needs of Mothers in Crisis: Personal Reflections of the Founder Based Upon Twenty Years of Compassion in Action" written by TNN President and founder Mary Cunningham Agee, at App. 15-29.

them to abortion: the father of the baby, forcing a choice between the relationship with him or the baby; parents, forcing a choice between continued support or the baby; employers, forcing a choice between continued employment or the baby; and peers, forcing a choice between continued social standing or the baby. Each ultimatum threatens to impose an emotional toll calculated to force the pregnant woman to make a desperate choice.[28]

And yet, as the testimonies in the Appendix indicate, it is primarily the woman alone who suffers the agonizing remorse, the hidden grief, and the debilitating guilt from undergoing the abortion. Thus, most women who have chosen abortion do so not out of "freedom of choice" but out of a desperate sense that they have no choice at all. Under these circumstances, most post-abortive women come to believe that the only "freedom" an abortion affords is experienced by those "significant others" who have much to lose if the pregnancy continues. Another tragic but all too frequent occurrence among post-abortive women is that after expressing regret in having made the "choice" to abort, many become pregnant again in an effort to remedy their error and "recreate" their deceased child, only to then experience yet another abortion, because these same influences convince them once again that it is the only "practical" thing to do.

The President and founder of TNN, Mary Cunningham Agee, describes her extensive experience during the past twenty years addressing post-abortion trauma in women:

> "If only I had known." This is the haunting lament that I hear almost daily on the toll free crisis hotline of The Nurturing Network. Since founding this charitable organization almost twenty years ago, I have been invited by literally thousands of frightened, wounded women to understand the painful circumstances of their troubled lives. . . . They call desperately seeking

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[28] *Id.*

> immediate, practical assistance in order to avoid an abortion procedure which almost half of our clients have already experienced in a prior pregnancy.
>
> [A]lmost all of them would tell you that if they could erase just one decision in their lives, it would be the irreversible one that ended the life of their unborn child. Their grief is difficult to capture here in a few words because it is always tinged with a sense of having been betrayed. These women consistently describe the panic and loneliness that sets in when those whom she has trusted create fatal trade-offs between their role in her life and her child. How can she help but feel tricked and manipulated by boyfriends, parents, friends and employers who conveniently wash their hands of her maternal needs and choose to describe her unborn child as an inconvenience and even a threat. None of these accomplices, of course, will ever live out the permanent consequences of an abortion decision the way she will and so her sense of abandonment and isolation is profound.[29]

B. The Consistent Experience Of Heartbeat International's Affiliates Is That Abortion Harms Women So Deeply And So Often That Most Affiliates Now Offer Post-Abortion Counseling Programs To Address The Depression, Anger And Regret Post-Abortive Women Suffer.

Since the founding of Heartbeat International in 1971, its affiliates have also worked with many thousands of

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[29] *See* "The Health Risks of Abortion," a panel presentation for The Family Research Council offered by Mary Cunningham Agee, President & Founder of The Nurturing Network, in April 2002, at App. 30-37. For the testimonies referred to in Ms. Cunningham Agee's address, quoted above, *see* App. 23-29.

women who suffer emotionally from having undergone abortions. Although the term "post abortion syndrome" had not yet been coined in the early 1970's, the Heartbeat International affiliate pregnancy centers quickly began to see suffering women who had one or more abortions. In consulting with professionals to develop programs to help these women, the centers were advised on the one hand that abortion did not have any damaging effects on women. Yet, on the other hand, the centers were cautioned that volunteers ("nonprofessionals") should not get involved for fear that post-abortive women might become suicidal. This advice only confirmed what the centers were experiencing – that for a significant number of women, the choice to abort their unborn children left them deeply psychologically harmed.[30]

The President of Heartbeat International, Dr. Peggy Hartshorn, has personally received hundreds of calls, letters, and personal contacts from women seeking post-abortion help who expressed depression, anger, and regret as a result of a past abortion. Heartbeat International's experience in working with such women over the years further substantiates the research findings of Dr. Reardon and Dr. Burke[31] with regard to the psychological harm the women they work with are experiencing. Due to the great number of post-abortive women seeking such help, Heartbeat International advises its affiliates to have professional counselors available as resources and referrals, and over two-thirds of the pregnancy resource centers affiliated with Heartbeat International now offer post-abortion programs. For example, one Columbus, Ohio Heartbeat International affiliate, Pregnancy Decisions Health Centers (PDHC),

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[30] Peggy Hartshorn, Ph.D: "Pregnancy Help Centers: Prevention, Crisis Intervention, Healing: Putting It All Together," published in *Back to the Drawing Board: The Future of the Pro-Life Movement*, Teresa R. Wagner, ed. (South Bend, Ind.: St. Augustine's Press, 2003), as excerpted for the Court's reference at App. 38-48 (hereinafter "Hartshorn").

[31] *See* Pet. App. at 236-37.

reports that in the period 2002 to 2004, more than 55% of the post-abortive women they served reported "unresolved feelings" and "regret" with regard to past abortions.[32] Heartbeat International is not alone in these findings – it calculates that at least 785 of the 2,026 pregnancy resource centers it has identified in the United States now offer post-abortion programs to help women who are suffering from symptoms of post-abortion trauma.[33]

C. Care Net's Affiliated Pregnancy Resource Centers Annually Serve More Than 100,000 Women Suffering From The Adverse Impacts Of Abortion Upon Their Health.

Care Net is a network of over 800 pregnancy resource centers that provide support, care and resources to pregnant women. In 2004, 101,000 women and 2,710 men participated in Care Net pregnancy center post-abortion counseling and education support groups in this nation. One of Care Net's affiliates reports that 75% of the women it serves have experienced past abortions and struggle with the grief from the experience. In response, more than 450 Care Net pregnancy centers now offer recovery support groups to women and men who have experienced the trauma of a past abortion.[34]

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[32] *See* Pregnancy Decision Health Centers (PDHC) "Annual Report, 2003," and "Board Report: 3rd Quarter 2004" (published in the PDHC "Annual Report, 2004"), at App. 49-62.

[33] *Id. See also* Heartbeat International's "Worldwide Directory of Life Affirming Pregnancy Services," at www.heartbeatinternational.org.

[34] "The Ministry of Care Net" (2004 brochure), at App. 63-68.

III. THE AVAILABILITY OF OPERATING NETWORKS OF AGENCIES OFFERING BETTER ALTERNATIVES TO ABORTION – MORE PROTECTIVE OF THE PHYSICAL, PSYCHOLOGICAL, SOCIAL, SPIRITUAL AND LEGAL INTERESTS OF WOMEN AND THEIR CHILDREN – IS A SUBSTANTIAL FACTUAL CHANGE THAT SUPPORTS GRANTING THE PETITION.

This Court's opinions in *Doe* and *Roe* were premised upon a profound concern for the distress and difficulties that the Court assumed bringing an unwanted child into the world would have upon the mother psychologically and financially. The *Roe* majority opinion identified the specific harm it believed would result from denying a pregnant woman the choice to terminate her pregnancy:

> Specific and direct harm medically diagnosable even in early pregnancy may be involved. Maternity, or additional offspring, may force upon the woman a distressful life and future. Psychological harm may be imminent. Mental and physical health may be taxed by child care. There is also the distress, for all concerned, associated with the unwanted child, and there is the problem of bringing a child into a family already unable, psychologically and otherwise, to care for it. In other cases, as in this one, the additional difficulties and continuing stigma of unwed motherhood may be involved.[35]

All of these identified harms except the first arise not from pregnancy *per se* but rather from motherhood and child care.[36] The Court was concerned that women often had

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[35] 410 U.S. at 153. *Cf. Casey*, 505 U.S. at 853 (Joint Opinion) (stating that one view on the abortion issue "is that the inability to provide for the nurture and care of the infant is a cruelty to the child and an anguish to the parent.").

[36] To the extent that the Court addressed medical risks from pregnancy, its conclusions in *Doe* and *Roe* were predicated, in significant part, on the conclusion that induced abortion was safer than childbirth. Since that time, proponents of abortion have continued to

(Continued on following page)

only a few options: single parenthood with the prospect of poverty, a dashed career, adoption with the attendant stigma, or a costly and, in most states, illegal "back alley" abortion. Moreover, there were few material and social resources available to pregnant women to help them through the pregnancy and afterward.

However, over the 33 years since *Doe* and *Roe* were decided, an extensive infrastructure of care offering practical support to pregnant women facing crisis pregnancies has developed. In the public realm, this includes the recent "Safe Haven" or "Baby Moses" laws adopted in most states. In the private realm, a network of nearly 3,500 organizations has arisen throughout the United States offering practical support to women facing crisis pregnancies.[37] The development of the infrastructure is

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make this argument based largely upon data from the Centers for Disease Control comparing rates of death for childbirth to the rate of death associated with abortion based exclusively upon death certificate information. However, in 2004, researchers from the National Research and Development Center for Welfare and Health in Finland published a study disclosing that 94% of maternal deaths associated with abortion are not identifiable from death certificates alone. Proper tracking of pregnancy-associated deaths requires linking death certificates to the deceased women's entire medical records. The study shows that the long held presumption that abortion is associated with fewer deaths than childbirth does not hold up once the pregnancy history of women is actually investigated using record linkage. Previously, it has been claimed that the mortality rate associated with abortion was 1/6th that of childbirth. But these estimates were based on information gathered only from death certificates or other public records. Proper identification of pregnancy records, the study found, reveals that the death rate associated with abortion is actually three times higher than that of childbirth. *See* Gissler, Mika, Berg, Cynthia, Bouvier-Colle, Marie-Hélène & Buekens, Pierre (2004), *Methods For Identifying Pregnancy-Associated Deaths: Population-Based Data From Finland 1987–2000*, PAEDIATRIC & PERINATAL EPIDEMIOLOGY 18 (6), 448-455.

[37] Currently, pregnancy resource centers outnumber the abortion clinics by 1,283 in the United States. This figure is based on the report from Life Dynamics (at www.ldi.org) that there are currently 743 abortion clinics in the United States, as compared with the 2,026 pregnancy resource centers in the United States listed in the Heartbeat International's Worldwide Directory of Life Affirming Pregnancy

(Continued on following page)

exemplified by Heartbeat International's "Worldwide Directory of Life Affirming Pregnancy Services" ("Directory"). While the initial Directory listed less than 80 organizations providing alternatives to abortion, the 2004 Directory listed 5,162 organizations. Of those organizations, 3,471 were in the United States. These included approximately 2,026 pregnancy resource centers offering pregnant women medical services, hotline counseling and other support services, clothing, and/or housing; nonprofit adoption agencies; social service agencies; and groups that offer post-abortion support. The Directory also lists 507 professional social service agencies; 319 maternity homes; 166 nonprofit adoption agencies; 27 counseling hotlines; and 54 independent post-abortion programs.

A. Heartbeat International Affiliates Offer A Wide Range Of Free Women's Health Services Not Available When *Doe* Was Decided.

Amici Heartbeat International is an association of pregnancy resource centers, medical clinics, maternity homes and nonprofit adoption agencies serving over 850 affiliates in the United States and in 33 countries. Heartbeat International was formed in 1971 as a loose federation of independent organizations that sought to network with each other primarily in the "crisis intervention" arena, offering pregnant women support and referrals to a variety of services in the community such as medical care, housing, material aid, and social services.[38]

Today, most pregnancy resource centers offer to women facing an undesired pregnancy a wide range of services completely free of charge. Typical services include pregnancy tests, crisis intervention for deciding among alternatives, peer or professional counseling, support

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Services, at http://www.heartbeatinternational.org/worldwide_directory.asp.

[38] *See* Hartshorn, at App. 38-48.

groups, adoption support, parenting classes, shelter, material aid, community referrals, and community education programs. Many also offer professional services needed for adoption, medical care, childbirth classes, legal assistance, financial assistance, housing, and similar services. Some Heartbeat International affiliated centers now offer a wide range of medical and health services including sexually transmitted disease testing, pap smears, prenatal care, abuse recovery, post-abortion programs, and ultrasound technology.[39]

B. Care Net Mobilizes An Extensive Network Of Staff And Volunteers To Help Women Find Alternatives To Abortion Or To Recover From The Harms Of Abortion.

Amici Care Net is one of the largest pro-life organizations in the infrastructure of pregnancy resources centers. Care Net represents a network of over 800 pregnancy resource centers, which include approximately 2,400 paid staff and 30,000 volunteers. Care Net affiliates provide services similar to those of Heartbeat International to more than 250,000 young women each year. These affiliates provide alternatives to abortion to more than 100,000 women each year. Care Net's affiliates serve women in crisis pregnancy situations in three primary ways: intervention, prevention, and reconciliation.[40] As part of the process of healing and reconciliation, more than 450 of Care Net's affiliated centers also offer recovery support groups to women and men who have experienced the trauma of a past abortion.

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[39] *Id.*

[40] "The Ministry of Care Net" (2004 brochure), at App. 63-68.

C. The Nurturing Network Provides Post-birth Care For Mothers And Their Babies.

This infrastructure of care developed to provide women with alternatives to abortion does not end after the children are born. The Nurturing Network (TNN) maintains over 42,000 volunteer resource members who provide for all of the urgent and practical needs of women with unplanned pregnancies focusing heavily on this post-birth aspect of care for mothers. Like Heartbeat International and Care Net, TNN seeks to provide for every aspect of a pregnant woman's needs, from initial pregnancy testing to delivery of her baby and provision of information on parenting and adoption. TNN's volunteers include licensed counselors, nurses, social workers, and others, who seek to provide information to the women regarding available resources. They also conduct detailed evaluations of the women's needs, and provide comprehensive plans of assistance that incorporate the appropriate services of TNN and other organizations.[41]

CONCLUSION

For all the foregoing reasons, *amici* respectfully urge this Court to grant the petition for writ of certiorari.

Respectfully submitted,
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[41] *See* Agee, *supra* note 25, at App. 15-16.

STATEMENT OF INTEREST OF AMICI CURIAE

Heartbeat International, Inc. is a national association of life-affirming pregnancy resource centers, medical clinics, maternity homes and nonprofit adoption agencies. Heartbeat International currently serves over 850 affiliates in the United States and in 33 countries, providing the education, training and support they need to serve women facing unexpected pregnancies. Heartbeat International also provides a Worldwide Directory of Life Affirming Pregnancy Services, a comprehensive source that identifies organizations providing alternatives to abortion. Heartbeat International is committed to the principle that it is tragic to tell a woman that her only option is to take the life of her child.

CareNet is a network of over 800 pregnancy resource centers, all of which provide support, care and resources to pregnant women. More than 450 CareNet affiliate pregnancy centers offer recovery support groups to women and men who have experienced trauma arising from past abortions.

The Nurturing Network (TNN) is an international charitable organization that works with over 42,000 volunteer resource members who provide for all of the urgent and practical needs of women with unplanned pregnancies. TNN has served over 17,000 pregnant women and unborn children with its practical compassion.

The Abortion Recovery International Network (ARIN) is an affiliate organization dedicated to connecting like-minded abortion re very programs with over 250 affiliates ("partners") that provide post-abortion counseling, care, and assistance in various locations around the world. It has developed the first online directory solely committed to listing abortion recovery programs within the United States and abroad. ARIN also assists in the design and development of new post-abortion programs for stand-alone recovery agencies, as well as the programs already existing in pregnancy resource centers.

The National Institute of Family and Life Advocates (NIFLA) supplies legal services and consultation to pregnancy help centers nationwide. Founded in 1993, NIFLA now serves a membership of 850 pregnancy resource centers in 48 states. Nearly 400 of these centers are either operating as medical clinics or are preparing to do so in the near future. NIFLA's services to its members include: legal review and audit of pregnancy resource center documents, legal consultation and education of centers, board training for center governing boards, publication of educational materials and training manuals, training in the development of medical clinic status, training of nurses and doctors in the provision of ultrasound services, and the publication of bulletins that highlight legal and medical concerns for pregnancy resource centers. NIFLA places an emphasis on the conversion of pregnancy resource centers into licensed medical clinics, to enable them to provide to the women they serve a variety of medical services such as: pregnancy diagnosis, pregnancy confirmation via ultrasound examination, and testing and treatment for sexually transmitted diseases.

The **Christian Legal Society (CLS)**, founded in 1961, is a nonprofit interdenominational association of more than 3,000 Christian attorneys, law students, law professors, and judges. Since 1975, CLS's Center for Law and Religious Freedom has litigated and educated on behalf of the inalienable right to life. CLS and many of its members not only advocate on behalf of the inalienable right to life, but also work to create a society that will embrace and care for both mother and child. To this end, they have worked to help develop legal and social mechanisms to address the needs of women who might otherwise pursue abortions and to assist organizations, such as the other *amici*, that care for women who are considering or have undergone abortions.

Fact Sheet Courtesy of the Elliot Institute,
PO Box 73478 Springfield, IL 62791-7348

A List of Major Psychological Sequelae of Abortion

REQUIREMENT OF PSYCHOLOGICAL TREATMENT:

In a study of post-abortion patients only 8 weeks after their abortion, researchers found that 44% complained of nervous disorders, 36% had experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their family doctor. (2) A 5 year retrospective study in two Canadian provinces found significantly greater use of medical and psychiatric services among aborted women. Most significant was the finding that 25% of aborted women made visits to psychiatrists as compared to 3% of the control group. (3) Women who have had abortions are significantly more likely than others to subsequently require admission to a psychiatric hospital. At especially high risk are teenagers, separated or divorced women, and women with a history of more than one abortion. (4)

Since many post-aborted women use repression as a coping mechanism, there may be a long period of denial before a woman seeks psychiatric care. These repressed feelings may cause psychosomatic illnesses and psychiatric or behavioral in other areas of her life. As a result, some counselors report that unacknowledged post-abortion distress is the causative factor in many of their female patients, even though their patients have come to them seeking therapy for seemingly unrelated problems. (5)

POST-TRAUMATIC STRESS DISORDER (PTSD or PAS): A major random study found that a minimum of

19% of post-abortion women suffer from diagnosable post-traumatic stress disorder (PTSD). Approximately half had many, but not all, symptoms of PTSD, and 20 to 40 percent showed moderate to high levels of stress and avoidance behavior relative to their abortion experiences. (6) Because this is a major disorder which may be present in many plaintiffs, and is not readily understood outside the counseling profession, the following summary is more complete than other entries in this section. PTSD is a psychological dysfunction which results from a traumatic experience which overwhelms a person's normal defense mechanisms resulting in intense fear, feelings of helplessness or being trapped, or loss of control. The risk that an experience will be traumatic is increased when the traumatizing event is perceived as including threats of physical injury, sexual violation, or the witnessing of or participation in a violent death. PTSD results when the traumatic event causes the hyperarousal of "flight or fight" defense mechanisms. This hyperarousal causes these defense mechanisms to become disorganized, disconnected from present circumstances, and take on a life of their own resulting in abnormal behavior and major personality disorders. As an example of this disconnection of mental functions, some PTSD victim may experience intense emotion but without clear memory of the event; others may remember every detail but without emotion; still others may reexperience both the event and the emotions in intrusive and overwhelming flashback experiences. (7)

Women may experience abortion as a traumatic event for several reasons. Many are forced into an unwanted abortions by husbands, boyfriends, parents, or others. If the woman has repeatedly been a victim of domineering abuse, such an unwanted abortion may be perceived as the

ultimate violation in a life characterized by abuse. Other women, no matter how compelling the reasons they have for seeking an abortion, may still perceive the termination of their pregnancy as the violent killing of their own child. The fear, anxiety, pain, and guilt associated with the procedure are mixed into this perception of grotesque and violent death. Still other women, report that the pain of abortion, inflicted upon them by a masked stranger invading their body, feels identical to rape. (8) Indeed, researchers have found that women with a history of sexual assault may experience greater distress during and after an abortion exactly because of these associations between the two experiences. (9) When the stressor leading to PTSD is abortion, some clinicians refer to this as Post-Abortion Syndrome (PAS).

The major symptoms of PTSD are generally classified under three categories: hyperarousal, intrusion, and constriction.

Hyperarousal is a characteristic of inappropriately and chronically aroused "fight or flight" defense mechanisms. The person is seemingly on permanent alert for threats of danger. Symptoms of hyperarousal include: exaggerated startle responses, anxiety attacks, irritability, outbursts of anger or rage, aggressive behavior, difficulty concentrating, hypervigilence, difficulty falling asleep or staying asleep, or physiological reactions upon exposure to situations that symbolize or resemble an aspect of the traumatic experience (eg. elevated pulse or sweat during a pelvic exam, or upon hearing a vacuum pump sound.)

Intrusion is the reexperience of the traumatic event at unwanted and unexpected times. Symptoms of intrusion in PAS cases include: recurrent and intrusive thoughts

about the abortion or aborted child, flashbacks in which the woman momentarily reexperiences an aspect of the abortion experience, nightmares about the abortion or child, or anniversary reactions of intense grief or depression on the due date of the aborted pregnancy or the anniversary date of the abortion.

Constriction is the numbing of emotional resources, or the development of behavioral patterns, so as to avoid stimuli associated with the trauma. It is avoidance behavior; an attempt to deny and avoid negative feelings or people, places, or things which aggravate the negative feelings associated with the trauma. In post-abortion trauma cases, constriction may include: an inability to recall the abortion experience or important parts of it; efforts to avoid activities or situations which may arouse recollections of the abortion; withdrawal from relationships, especially estrangement from those involved in the abortion decision; avoidance of children; efforts to avoid or deny thoughts or feelings about the abortion; restricted range of loving or tender feelings; a sense of a foreshortened future (e.g., does not expect a career, marriage, or children, or a long life.); diminished interest in previously enjoyed activities; drug or alcohol abuse; suicidal thoughts or acts; and other self-destructive tendencies.

As previously mentioned, Barnard's study identified a 19% rate of PTSD among women who had abortions three to five years previously. But in reality the actual rate is probably higher. Like most post-abortion studies, Barnard's study was handicapped by a fifty percent drop out rate. Clinical experience has demonstrated that the women least likely to cooperate in post-abortion research are those for whom the abortion caused the most psychological distress. Research has confirmed this insight,

demonstrating that the women who refuse followup evaluation most closely match the demographic characteristics of the women who suffer the most post-abortion distress. (10) The extraordinary high rate of refusal to participate in post-abortion studies may interpreted as evidence of constriction or avoidance behavior (not wanting to think about the abortion) which is a major symptom of PTSD.

For many women, the onset or accurate identification of PTSD symptoms may be delayed for several years. (11) Until a PTSD sufferer has received counseling and achieved adequate recovery, PTSD may result in a psychological disability which would prevent an injured abortion patient from bringing action within the normal statutory period. This disability may, therefore, provide grounds for an extended statutory period.

SEXUAL DYSFUNCTION: Thirty to fifty percent of aborted women report experiencing sexual dysfunctions, of both short and long duration, beginning immediately after their abortions. These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous life-style. (12)

SUICIDAL IDEATION AND SUICIDE ATTEMPTS: Approximately 60 percent of women who experience post-abortion sequelae report suicidal ideation, with 28 percent actually attempting suicide, of which half attempted suicide two or more times. Researchers in Finland have identified a strong statistical association between abortion and suicide in a records based study. The[y] identified 73 suicides associated within one year to a pregnancy ending either naturally or by induced abortion. The mean annual

suicide rate for all women was 11.3 per 100,000. Suicide rate associated with birth was significantly lower (5.9). Rates for pregnancy loss were significantly higher. For miscarriage the rate was 18.1 per 100,000 and for abortion 34.7 per 100,000. The suicide rate within one year after an abortion was three times higher than for all women, seven times higher than for women carrying to term, and nearly twice as high as for women who suffered a miscarriage. Suicide attempts appear to be especially prevalent among post-abortion teenagers.(13)

INCREASED SMOKING WITH CORRESPONDENT NEGATIVE HEALTH EFFECTS: Post-abortion stress is linked with increased cigarette smoking. Women who abort are twice as likely to become heavy smokers and suffer the corresponding health risks. (14)

Post-abortion women are also more likely to continue smoking during subsequent wanted pregnancies with increased risk of neonatal death or congenital anomalies. (15)

ALCOHOL ABUSE: Abortion is significantly linked with a two fold increased risk of alcohol abuse among women. (16) Abortion followed by alcohol abuse is linked to violent behavior, divorce or separation, auto accidents, and job loss. (17) (see also New Study Confirms Link Between Abortion and Substance Abuse)

DRUG ABUSE: Abortion is significantly linked to subsequent drug abuse. In addition to the psycho-social costs of such abuse, drug abuse is linked with increased exposure to HIV/AIDS infections, congenital malformations, and assaultive behavior. (18)

EATING DISORDERS: For at least some women, post-abortion stress is associated with eating disorders such as binge eating, bulimia, and anorexia nervosa. (19)

CHILD NEGLECT OR ABUSE: Abortion is linked with increased depression, violent behavior, alcohol and drug abuse, replacement pregnancies, and reduced maternal bonding with children born subsequently. These factors are closely associated with child abuse and would appear to confirm individual clinical assessments linking post-abortion trauma with subsequent child abuse. (20)

DIVORCE AND CHRONIC RELATIONSHIP PROBLEMS: For most couples, an abortion causes unforeseen problems in their relationship. Post-abortion couples are more likely to divorce or separate. Many post-abortion women develop a greater difficulty forming lasting bonds with a male partner. This may be due to abortion related reactions such as lowered self-esteem, greater distrust of males, sexual dysfunction, substance abuse, and increased levels of depression, anxiety, and volatile anger. Women who have more than one abortion (representing about 45% of all abortions) are more likely to require public assistance, in part because they are also more likely to become single parents. (21)

REPEAT ABORTIONS: Women who have one abortion are at increased risk of having additional abortions in the future. Women with a prior abortion experience are four times more likely to abort a current pregnancy than those with no prior abortion history. (22)

This increased risk is associated with the prior abortion due to lowered self esteem, a conscious or unconscious desire for a replacement pregnancy, and increased sexual activity post-abortion. Subsequent abortions may occur

because of conflicted desires to become pregnant and have a child and continued pressures to abort, such as abandonment by the new male partner. Aspects of self-punishment through repeated abortions are also reported. (23)

Approximately 45% of all abortions are now repeat abortions. The risk of falling into a repeat abortion pattern should be discussed with a patient considering her first abortion. Furthermore, since women who have more than one abortion are at a significantly increased risk of suffering physical and psychological sequelae, these heightened risks should be thoroughly discussed with women seeking abortions.

NOTES:

1. An excellent resource for any attorney involved in abortion malpractice is Thomas Strahan's Major Articles and Books Concerning the Detrimental Effects of Abortion (Rutherford Institute, PO Box 7482, Charlottesville, VA 22906-7482, (804) 978-388 [sic].) This resource includes brief summaries of major finding drawn from medical and psychology journal articles, books, and related materials, divided into major categories of relevant injuries.

2. Ashton, "They [sic] Psychosocial Outcome of Induced Abortion", British Journal of Ob&Gyn., 87:1115-1122, (1980).

3. Badgley, et.al., Report of the Committee on the Operation of the Abortion Law (Ottawa:Supply and Services, 1977)pp.313-321.

4. R. Somers, "Risk of Admission to Psychiatric Institutions Among Danish Women who Experienced Induced

Abortion: An Analysis on National Record Linkage," Dissertation Abstracts International, Public Health 2621-B, Order No. 7926066 (1979); H. David, et al., "Postpartum and Postabortion Psychotic Reactions," Family Planning Perspectives 13:88-91 (1981).

5. Kent, et al., "Bereavement in Post-Abortive Women: A Clinical Report", World Journal of Psychosynthesis (Autumn-Winter 1981), vol.13,nos.3-4.

6. Catherine Barnard, The Long-Term Psychological Effects of Abortion, Portsmouth, N.H.: Institute for Pregnancy Loss, 1990).

7. Herman, Trauma and Recovery, (New York: Basic Books, 1992) 34.

8. Francke, The Ambivalence of Abortion (New York: Random House, 1978) 84-95.

9. Zakus, "Adolescent Abortion Option," Social Work in Health Care, 12(4):87 (1987); Makhorn, "Sexual Assault & Pregnancy," New Perspectives on Human Abortion, Mall & Watts, eds., (Washington, D.C.: University Publications of America, 1981).

10. Adler, "Sample Attrition in Studies of Psycho-social Sequelae of Abortion: How great a problem." Journal of Social Issues, 1979, 35, 100-110.

11. Speckhard, "Postabortion Syndrome: An Emerging Public Health Concern," Journal of Social Issues, 48(3):95-119.

12. Speckhard, Psycho-social Stress Following Abortion, Sheed & Ward, Kansas City: MO, 1987; and Belsey, et al., "Predictive Factors in Emotional Response to Abortion: King's Termination Study – IV," Soc. Sci. & Med., 11:71-82 (1977).

13. Speckhard, Psycho-social Stress Following Abortion, Sheed & Ward, Kansas City: MO, 1987; Gissler, Hemminki & Lonnqvist, "Suicides after pregnancy in Finland, 1987-94: register linkage study," British Journal of Medicine 313:1431-4, 1996.C. Haignere, et al., "HIV/AIDS Prevention and Multiple Risk Behaviors of Gay Male and Runaway Adolescents," Sixth International Conference on AIDS: San Francisco, June 1990; N. Campbell, et al., "Abortion in Adolescence," Adolescence, 23(92):813-823 (1988); H. Vaughan, Canonical Variates of Post-Abortion Syndrome, Portsmouth, NH: Institute for Pregnancy Loss, 1991; B. Garfinkel, "Stress, Depression and Suicide: A Study of Adolescents in Minnesota," Responding to High Risk Youth, Minnesota Extension Service, University of Minnesota (1986).

14. Harlap, "Characteristics of Pregnant Women Reporting Previous Induced Abortions," Bulletin World Health Organization, 52:149 (1975); N. Meirik, "Outcome of First Delivery After 2nd Trimester Two Stage Induced Abortion: A Controlled Cohort Study," Acta Obsetricia et Gynecologica Scandinavia 63(1):45-50(1984); Levin, et al., "Association of Induced Abortion with Subsequent Pregnancy Loss," JAMA, 243:2495-2499, June 27, 1980.

15. Obel, "Pregnancy Complications Following Legally Induced Abortion: An Analysis of the Population with Special Reference to Prematurity," Danish Medical Bulletin, 26:192-199 (1979); Martin, "An Overview: Maternal Nicotine and Caffeine Consumption and Offspring Outcome," Neurobehavioral Toxicology and Tertology, 4(4):421-427, (1982).

16. Klassen, "Sexual Experience and Drinking Among Women in a U.S. National Survey," Archives of Sexual Behavior, 15(5):363-39 ; M. Plant, Women, Drinking and

Pregnancy, Tavistock Pub, London (1985); Kuzma & Kissinger, "Patterns of Alcohol and Cigarette Use in Pregnancy," Neurobehavioral Toxicology and Terotology, 3:211-221 (1981).

17. Morrissey, et al., "Stressful Life Events and Alcohol Problems Among Women Seen at a Detoxification Center," Journal of Studies on Alcohol, 39(9):1159 (1978).

18. Oro, et al., "Perinatal Cocaine and Methamphetamine Exposure Maternal and Neo-Natal Correlates," J. Pediatrics, 111:571-578 (1978); D.A. Frank, et al., "Cocaine Use During Pregnancy Prevalence and Correlates," Pediatrics, 82(6):888 (1988); H. Amaro, et al., "Drug Use Among Adolescent Mothers: Profile of Risk," Pediatrics 84:144-150, (1989)

19. Speckhard, Psycho-social Stress Following Abortion, Sheed & Ward, Kansas City: MO, 1987; J. Spaulding, et al, "Psychoses Following Therapeutic Abortion, Am. J. of Psychiatry 125(3):364 (1978); R.K. McAll, et al., "Ritual Mourning in Anorexia Nervosa," The Lancet, August 16, 1980, p. 368.

20. Benedict, et al., "Maternal Perinatal Risk Factors and Child Abuse," Child Abuse and Neglect, 9:217-224 (1985); P.G. Ney, "Relationship between Abortion and Child Abuse," Canadian Journal of Psychiatry, 24:610-620, 1979; Reardon, Aborted Women – Silent No More (Chicago: Loyola University Press, 1987), 129-30, describes a case of woman who beat her three year old son to death shortly after an abortion which triggered a "psychotic episode" of grief, guilt, and misplaced anger.

21. Shepard, et al., "Contraceptive Practice and Repeat Induced Abortion: An Epidemiological Investigation," J. Biosocial Science, 11:289-302 (1979); M. Bracken, "First

and Repeated Abortions: A Study of Decision-Making and Delay," J. Biosocial Science, 7:473-481 (1975); S. Henshaw, "The Characteristics and Prior Contraceptive Use of U.S. Abortion Patients," Family Planning Perspectives, 20(4):158-168 (1988); D. Sherman, et al., "The Abortion Experience in Private Practice," Women and Loss: Psychobiological Perspectives, ed. W.F. Finn, et al., (New York: Praeger Publ. 1985), pp98-107; E.M. Belsey, et al., "Predictive Factors in Emotional Response to Abortion: King's Termination Study-IV," Social Science and Medicine, 11:71-82 (1977); E. Freeman, et al., "Emotional Distress Patterns Among Women Having First or Repeat Abortions," Obstetrics and Gynecology, 55(5):630-636 (1980); C. Berger, et al., "Repeat Abortion: Is it a Problem?" Family Planning Perspectives 16(2):70-75 (1984).

22. Joyce, "The Social and Economic Correlates of Pregnancy Resolution Among Adolescents in New York by Race and Ethnicity: A Multivariate Analysis," Am. J. of Public Health, 78(6):626-631 (1988); C. Tietze, "Repeat Abortions – Why More?" Family Planning Perspectives 10(5):286-288, (1978).

23. Leach, "The Repeat Abortion Patient," Family Planning Perspectives, 9(1):37-39 (1977); S. Fischer, "Reflection on Repeated Abortions: The meanings and motivations," Journal of Social Work Practice 2(2):70-87 (1986); B. Howe, et al., "Repeat Abortion, Blaming the Victims," Am. J. of Public Health, 69(12):1242-1246, (1979).

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THE NURTURING NETWORK: SERVING THE URGENT AND PRACTICAL NEEDS OF MOTHERS IN CRISIS

Personal Reflections of the Founder
Based upon Twenty Years of Compassion in Action

It is an honor to be invited to address you about a topic that matters more to me than any other. Instead of addressing the myriad of vital issues concerning the termination of life for an unborn child, let us focus today upon the life and well-being of another victim, the mother. I believe that it is time to shift our emphasis from the obvious harm that abortion causes an unborn child to the tragedy it inflicts upon the life of the mother.

Introduction:

My name is Mary Elizabeth Cunningham Agee. I am the mother of three children, one of whom died in a second term miscarriage twenty years ago on January 8th. It was this personal loss that riveted my heart and redirected my mind to the pivotal societal issue that we are addressing today.

You might appreciate knowing a little more about the person whose perspective you are about to hear. Please allow me to introduce myself:

Professional Background:

You may recognize my name as having been one of the first women in America to "break the glass ceiling" by serving in the Senior Management of two Fortune 100 Companies as the Vice President of Strategic Planning in the 1980's. I wrote a best-selling autobiography about my

experience at the Bendix Corporation and Joseph E Seagram & Sons and was twice voted by World Almanac as one of the "Twenty-five most influential women in America." I have been given the opportunity to share my thoughts about corporate culture, women in business and professional ethics at the Commonwealth Club, in the Wall Street Journal, Reader's Digest and Newsweek, and on many prime time television shows including Barbara Walters, Peter Jennings, Donahue, the Today Show and Good Morning America.

Educational Background:

My education includes a BA with Honors from Wellesley College ('73) where I was elected to Phi Beta Kappa and received two Danforth nominations in Moral Philosophy and Ethics. I have also earned an MBA from the Harvard Business School ('79) and studied Law and Jurisprudence at Notre Dame University and Trinity College in Dublin, Ireland. I have been awarded six honorary doctorates primarily for my work over the past two decades in trying to alleviate the suffering of thousands of women and children whose circumstances have caused them to be vulnerable to abortion.

Particular Expertise:

My primary expertise on the topic we are addressing today is based upon two decades of experience as the Founder and President of the Nurturing Network (TNN.) TNN is an international charitable organization comprised of over 42,000 volunteer resource members who provide for all of the urgent and practical needs of women with unplanned pregnancies. Over 17,000 pregnant women and unborn

children have been served through the practical compassion of the Nurturing Network during the past twenty years.

While I must admit that it took the personal anguish of a mid-trimester miscarriage for me to grasp the horror of prenatal death, it has taken the daily, life-saving activity of the Nurturing Network to teach me the importance of translating my reverence for human life into concrete action. This growing awareness enabled me to not look back for even one moment to the comfort and grandeur of an executive suite in midtown Manhattan. I chose to leave that way of life and a six figure salary for the far more rewarding and, I dare say, more vital work of managing and directing the Nurturing Network.

Viewpoint:

While TNN's mission has had nothing to do with debating the merits of abortion or trying to remove that alternative, the performance of my counseling role has required me to listen to the unsolicited testimonies of literally thousands of women. To a person, each woman has shared her profound regret and lingering emotional wounds as a result of an abortion experience. It is this unexpected, and yet, undeniable revelation that compels me to share what I have learned with you.

When the option of abortion was first presented for your consideration, scientific and anecdotal evidence was very limited. Since 1973, valuable medical and scientific research has been conducted and revealing anecdotal testimonies have been collected. The insights gleaned from these sources offer a compelling case for reevaluating a

procedure that was once considered to be a safe and private solution for women in crisis.

Unlike thirty years ago, we now have a generation of women who are prepared to open their private lives and expose their wounds in the hope that their experience might prevent others from the grief and emotional harm that they have known. I hope that you will agree that we cannot afford to turn a deaf ear to these women who provide such an eloquent witness to the dangers caused by a procedure made available to them in the hope of providing assistance.

At the close of my remarks, I will share several moving testimonies of actual TNN clients who profoundly regret their choice of abortion. Their words convey an anguish and loss that the passage of time or euphemistic rhetoric cannot repair. Their experience is a haunting reminder that what many once hoped would provide a "reproductive freedom" within a woman's "private choice" has, instead, resulted in a prison of tragic regrets for a generation of women who now know that they deserve better than abortion.

TNN Facts:

Approximately 50% of all TNN clients have already experienced at least one abortion at the time they contact us for help. This fact is revealed in either an initial toll free phone call requesting assistance, a referral from a local crisis pregnancy center, a first counseling session, or a confidential online questionnaire.

What the Clients Are Saying:

TNN clients express fear in having to "go through" another abortion. They candidly share their profound remorse and the conviction that they do not want to augment the emotional anguish they have already endured. They often share a sense of having been betrayed and then abandoned by those who convinced or coerced them into having an abortion.

It may be difficult to imagine how utterly sincere and blatantly honest these confidential counseling sessions are between a TNN counselor and a client. More often than not, I do not have the opportunity to meet a TNN client in person. Our relationship usually takes place in the relative privacy of a phone call or by internet which seems to afford more freedom to express what their hearts have wanted to say for many years. A bond of trust is readily established when a client discovers, often for the first time in her life, that TNN wants nothing from them: No fees, no baby to adopt, no promises, no work in exchange for our services.

To more fully understand the wrenching sadness and lasting regret that TNN clients describe following an abortion, it may be worth examining the forces and influences that drive a woman to make this choice: An immediate escape from shame, the possibility of enhanced economic security, the hope of saving a fragile relationship.

The actual testimonies of the betrayed and the abandoned in TNN's client files expose the miscalculations and illuminate the disillusionment that inevitably follows:

- Most women readily identify four primary sources of pressure or coercion that lead to an abortion "choice":
  - The father of the baby: "It is our relationship or the baby."
  - The parents: "It is either our financial support or the baby."
  - The boss: "It is either your job or the baby."
  - The peers: "It is either your social standing or the baby."

  Of course, none of these tradeoffs have anything to do with offering a woman in crisis the "freedom to choose." Each ultimatum threatens to impose an emotional toll calculated to force her to make a desperate choice. And yet, as the attached testimonies indicate, she alone will suffer the agonizing remorse, the hidden grief, the debilitating guilt.

- Most women who have chosen abortion do so not out of "freedom of choice" but out of a desperate sense that they have *no other* choice.

- Most women believe that the only "freedom" an abortion affords is experienced by those "significant others" who have much to lose if she continues her pregnancy.

- Most women express regret in having made the "choice" to abort and many become pregnant again in an effort to remedy their error and "recreate" their deceased child.

- Most women admit that very practical needs influenced their decision to abort a pregnancy. I have heard many say:

  "If only I had been offered an alternative educational opportunity; my peers were so cruel when they found out that I was pregnant."

  "If only I could have been given a different job; the father of the baby was my boss and I just couldn't put up with his ridicule and pressure every day at work."

  "If only I could have had a peaceful, affirming place to live; my parents were so disappointed in me that every day would have been emotionally devastating living at home."

  "If only I could have seen a good counselor to help me understand what I was about to do and what was at stake."

  "If only I could have had some financial support for college, rent and medical bills; my parents withdrew all support and I just couldn't make ends meet."

Listening to these women articulate what forms of practical support would have permitted their pregnancy to continue is how the Nurturing Network was actually formed. Before founding TNN, I interviewed and listened to hundreds of women who shared the practical needs that were not met when their own support networks let them down. These unmet needs had directly led to their abortion "choice" and helped to write the strategic plan that formed the Nurturing Network.

CONCLUSION:

There have been other times in history when a solution initially considered to be helpful or at least useful was eventually exposed as being dangerous and even harmful. It requires a certain humility, honesty and open mindedness to admit when a judgment must change in light of new and more compelling facts. This is what the women whose painful experiences are captured in the attached testimonies are calling for today.

The simple but profound truth is that abortion has not turned out to be the private, painless, safe solution that many had hoped it would be. Yes, it is quicker and seemingly less complex than alternative solutions. It surely is final. But the living testimonies of TNN clients reveals that this procedure, often sought in haste and without a full understanding of the emotional risks, has inflicted profound and lasting harm a generation of women. Their voices say better than anyone else ever could: Women deserve better than abortion. It is time for this tragedy to end.

I need only to reflect upon the thousands of women whom I have had the privilege of serving since founding the Nurturing Network to say with conviction that the binding of deep wounds and the healing of broken hearts is an intensely intimate and time-consuming process. In a society that prides itself on finding quick fixes and expedient solutions to any inconvenience or problem, it is understandable that we would seek a short cut to solve the crisis of an unplanned pregnancy. But time and experience reveal that no fast solution exists without causing profound and lasting harm to both the mother and the child.

The simple truth is that there is no efficient or effective substitute for what my two decades of experience tells me every woman in crisis yearns for most of all: Love and practical compassion. She does not seek our hand-washing absolutions or an easy means of hiding or "getting rid of her problem". A generation of women now courageously stands ready to tell us of a sobering reality: Abortion does not heal, it harms. It silences a beating heart... and breaks a mother's too.

ADDENDUM: FROM TNN CLIENT FILES

HEARTBREAKING:

TNN counsels thousands of post-abortive, grieving women. Here are several actual examples in each client's own words:

SARAH: TNN Valentine Card 2004

"I was not able to carry through with my pregnancy. I wanted to say, 'No," but couldn't gather the strength given the extreme pressures. I am completely overwhelmed with grief and depression beyond anything that I can describe. If only I had know about your Nurturing Network a month ago. I can't forget how exposed and humiliated I felt lying on that table. The pain, sense of loss and crippling nightmares just won't let up. I can't work and have lost my job. I have lost everything! Will there ever be peace for someone like me?"

TRACEY: "Heart to Heart" Newsletter, Mother's Day 1992

I read about your organization in Ligourian and it is as though a prayer was answered. I am twenty-eight and

gave birth to a son September 29, 1991. Since then I have been looking for an – outlet for my intense feelings and need to help someone else by sharing my personal experience in not going through with an abortion.

I was raped (the acquaintance variety) and have endured all of the post-traumatic syndrome symptoms. The father of the baby threatened to "throw me down the stairs" to get rid of 'it" when I told him I thought I was pregnant. I went to a clinic to find out for sure if I was pregnant and told their counselor what had happened to me. She assumed that I wouldn't want to keep the baby due to the situation and scheduled my appointment.

I drove directly to the father of the baby's apartment and on the way there, the light looked different. The sky was brighter. the clouds bigger and fuller, the sun more vivid than I remembered. I was slowly waking up from my shock and realizing I had a baby inside me . . . something I had wanted since I was nine years old. I had been in a relationship where the man couldn't have children and it nearly ruined us because I wanted children so badly, and here I was planning to get rid of one. I desperately wanted this man to marry me out of a sense of obligation as a father. After six hours of unsuccessful pleading, I left and planned to run my truck off a cliff.

Having been thoroughly humiliated and insulted. I turned to the man I left a year earlier (and still loved) and he helped me for the weeks and months it took to decide the fate of my child. He said to me. "We'll find a way. We'll make it work:" Hearing these words gave me strength and hope. and I've learned what a real father is. He's a man who fights for your life, makes life possible, and loves you in spite of everything.

I was lucky I know . . . not everyone has someone to turn to like your Network. But the point is the same, if you open yourself to the possibility of this incredible love that a child generates, people and things open up for you.

We have a beautiful, healthy, energetic. tranquil boy and there isn't a day that goes by that I don't think about what I almost did. Well, that is pretty much it. I would like to be able to share this and the rest of my experiences so that maybe someone in a similar situation can benefit sooner, and not go through the agony and torture I did. I would very much like to volunteer as an inspirational counselor and perhaps offer my services as an artist in some way. Please find a place for me as this would mean the world to me.

My son. Henry. has been on my lap for much of this letter and at three months, thinks he can type! Thank you for letting me share my story with you. Please call if I can be of help right away. Again, thank you for your organization. I wish I had known about you sooner.

JOANN: "Heart to Heart" Newsletter, Thanksgiving 1992

"In December, I lived through what today is so glibly referred to in the press as 'date rape.' Two weeks later I graduated with honors with a freshly minted MBA . . . only to have my dreams shattered. Any course of action, other than abortion, would have meant total abandonment by my family. When I asked for support, the aggressor accused me of 'emotional' rape and then abandoned me. I have kept this secret to myself until now.

Last fall I had surgery for ovarian cancer and am now unable to have children. When I die I will leave no legacy. Had I known about the Nurturing Network, I would have carried the child to term and my story would have had a happy ending. If I encounter someone in the future whom you may be able to help, I will tell them about your Network. If only I had known . . . "

TONI: "Heart to Heart Newsletter," Mother's Day 1993

"Ten years ago, Toni, married and a mother of two, found herself facing an unintended pregnancy. A baby simply did not fit into her career plans nor into her family's work schedule. Seeking the advice of her obstetrician, Toni was assured that an "early pregnancy termination" was the best alternative and that he had never heard of anyone having any adverse effects from this procedure. Tony [sic] chose to abort her baby and struggled with this decision for many years. Through painful years of grieving and professional counseling she now shares her heartache and hopes with Mary:

My wish is that I had known about The Nurturing Network. It would have taken so little to convince me to have our child. On this Mother's Day, I urge other abortion victims to come forth with their heartbreaking stories in the hopes of bringing an end to this national tragedy. I want to assure you that there is no need to suffer in silence anymore. Compassion, understanding and support is available and is only a phone call away."

JANE: TNN Valentine Card 1995

"When I found out that I was pregnant, I felt frightened and trapped. I felt that if I continued my pregnancy, I risked humiliating my family whom I love dearly. The thought of my boyfriend leaving me and the knowing looks of my friends at work was beyond anything that I could bear.

Deciding to end my pregnancy was the loneliest moment of my life. I knew then that this 'choice' would bring a sadness that would never leave me. A day doesn't go by that I don't think of what I lost. Perhaps it would help me to heal if I could encourage someone else who is feeling as desperate as I did. Please keep up the work you are doing! I only wish I'd known about you sooner."

MARGARET: TNN Valentine Card 1997

"Many years have passed since I was 23, frightened, unemployed and facing the stark reality of an unplanned pregnancy alone. I felt trapped with no idea of where to turn knowing that my family would be deeply humiliated and angry beyond words. I made the desperate choice to abort my son because I could think of no other way to go forward.

The pain of that choice will forever haunt me in the quiet moments of every day. Just last week I learned about your Network. If I could help even one mother who is feeling as desperate as I was, I would be so grateful."

JANET: TNN Valentine Card 1998

"On February 7, 1995, I had an abortion. One week ago, I picked up my sister's issue of Today's Christian Woman. As

I was flipping through the pages, I ran across your article and cried throughout the whole reading. I wish this article was put on every corner and available at every place that provides abortion. If only I had known about your Network, my baby could have been saved. I miss my baby so much. I think I understand how God is helping me to heal. I think He wants me to do something like you are doing. How can I help someone else avoid this pain and loneliness?"

KIM: TNN Valentine Card 1999

"Several years ago, I had a second trimester abortion. My uterus was punctured and emotionally I was devastated. Years of grief have taken their toll on me. I only wish I had known about the Nurturing Network back then. I am pregnant again and after many calls you are the only place that has given me hope. What a comfort it is to know there is an organization such as yours. I know that as I work through the practical needs of my pregnancy with your kind staff, I will be able to deal with the emotional wounds still scarring my heart."

MARTHA: TNN Valentine Card 2001

"Many years have passed since my senior year in college when I felt deserted by almost everyone important to me and made the desperate choice to abort my child. I could think of no other way to go forward. The fear that haunted me then was not being able to finish my education and fulfill my dream to become a teacher. The fear that haunts me now in the quiet of each day is that no matter what I accomplish professionally, I will never hear my child's voice or laughter. I can only hope that at least one mother

who may be feeling as alone and trapped as I was will read my letter. I am living proof that your work is needed."

THE HEALTH RISKS OF ABORTION
PANEL PRESENTATION FOR FAMILY RESEARCH COUNCIL BUILDING A CULTURE OF LIFE

Offered by Mary Cunningham Agee
President & Founder
The Nurturing Network
April 2002

"If only I had known." This is the haunting lament that I hear almost daily on the toll free crisis hotline of the Nurturing Network. Since founding this charitable organization almost twenty years ago, I have been invited by literally thousands of frightened, wounded women to understand the painful circumstances of their troubled lives. Let me assure you that they do not call to express satisfaction in their "reproductive freedom" to terminate the life of their unborn child. They call desperately seeking immediate, practical assistance in order to avoid an abortion procedure which almost half of our clients have already experienced in a prior pregnancy.

This is why the Nurturing Network was founded: to provide all of the practical support a mother in crisis needs in order to choose life for her unborn child. Our 32,000 member resources are located in all 50 states and in 27 foreign countries. We offer individually tailored solutions that include medical, emotional, financial, educational, employment and residential assistance to any woman whose own support network has let her down. I am happy to share that we have had the indescribable joy of assisting almost 15,000 mothers and children. Their personal stories and courageous testimonies are what have contributed to the insights that I am sharing with you today.

I must admit, therefore, that my perspective on the topic of abortion is about as detached or philosophical as that of a medic on the front line of an active combat zone.

I have come to know this topic up close and in living color through the tragic life stories of women who believed the marketing rhetoric about this allegedly sate [sic] and easy procedure. And yet, almost all of them would tell you that if they could erase just one decision in their lives, it would be the irreversible one that ended the life of their unborn child. Their grief is difficult to capture here in a few words because it is always tinged with a sense of having been betrayed. These women consistently describe the panic and loneliness that sets in when those whom she has trusted create fatal trade-offs between their role in her life and her child. How can she help but feel tricked and manipulated by boyfriends, parents, friends and employers who conveniently wash their hands of her maternal needs and choose to describe her unborn child as an inconvenience and even a threat. None of these accomplices, of course, will ever live out the permanent consequences of an abortion decision the way she will and so her sense of abandonment and isolation is profound.

While I am tempted to fill our time together with poignant anecdotes from our client files, I believe that an objective review of a few facts might be just as persuasive. The data that I am about to share has not been gleaned from biased sources, but rather, from medical and social scientists with no ax to grind. Their rather startling research findings only confirm what our common sense and the clients of the Nurturing Network have said for years: Abortion is far from being a safe procedure. It was, after all, this false assumption about the safety of this procedure that led the United States Supreme Court in to strike down every

federal, state and local law regulating its practice. The premise of their decision was that the advances of modern medicine had removed the need for any regulation of the procedure since it was now "relatively safe."

Clearly, the facts no longer support this assumption and, in fact, expose the glaring error at the root of our country's national policy toward abortion. The following data shows that abortion is actually dangerous to the health of women – both physically and psychologically – and, therefore, should be at least regulated if not outright prohibited.

The data that I am about to share was made readily available in a report generated by the Elliot Institute. While I cannot include all of the findings listed on their web site, I would like to acknowledge them for providing such well-documented statistical information. I will be drawing heavily upon this for the statistical part of my presentation.

National statistics on abortion show that 10% of women who undergo this procedure suffer from immediate complications. (1) Over one hundred different complications have been associated with induced abortion. "Minor" complications include: infections, bleeding, fevers, chronic abdominal pain, gastro-intestinal disturbances, vomiting, and Rh Sensitization. The nine most common "major" complications are infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury and endotoxic shock. (2) Can you imagine what an honest warning label might read like for such a procedure?!

While the immediate complications of abortion are usually treatable, these complications frequently lead to even more serious long-term reproductive damage.. For example, one

common outcome of abortion related infections is sterility. Researchers have reported that as many as 5% of aborted women are left inadvertently sterile. (3)The risk of sterility is even greater for women who are infected with a venereal disease at the time of an abortion.(4)

In addition to the risk of sterility, women who acquire post-abortal infections are five to eight times more likely to experience ectopic pregnancies.(5) In fact, between 1970 and 1983, the rate of ectopic pregnancies in the U.S. has risen four-fold! (6) It is worth noting that 12% of all maternal deaths are due to ectopic pregnancy. (7) And other countries who have legalized abortion have also seen the same dramatic rise in ectopic pregnancies. (8)

Cervical damage is another leading cause of long term complications following abortion. According to one hospital study, 12.5% of first trimester abortions required stitching for cervical lacerations. (9) Another study found that lacerations occurred in 22% of aborted women. (10) And women under the age of 17 have been found to face twice the normal risk of suffering cervical damage. (11)

Whether microscopic or macroscopic in nature, the cervical damage which results during abortion frequently results in a permanent weakening of the cervix. This weakening may result in an "incompetent cervix", a serious medical condition in any pregnancy that often results in miscarriage or premature birth. According to one study, symptoms related to cervical incompetence were found among 75% of women who undergo forced dilation for abortion. (12)

To put this risk in context, cervical damage from previously induced abortions significantly increases the risk of miscarriage, premature birth and complications of labor

during later pregnancies by 300 to 500%! (13) The reproductive risks of abortion are especially acute for women who abort their first pregnancy. A major study of first pregnancy abortions found that almost half, or 48%, of women experienced abortion-related complications in later pregnancies. Women in this group experienced 2.3 miscarriages for every one live birth. (14) And another researcher found that among teenagers who aborted their first pregnancies, 66% subsequently experienced miscarriages or premature birth of their second pregnancy. (15)

When this risk of increased pregnancy loss is projected on the population as a whole, it is estimated that aborted women lose 100,000 "wanted" babies each year due to latent abortion morbidity. (16) In addition, premature births, complications of labor, and abnormal development of the placenta all can result from latent abortion morbidity and each are leading causes of handicaps among newborns. (17) Considering premature deliveries alone, it is estimated that latent abortion morbidity results in 3000 cases of acquired cerebral palsy among newborns each year. (18) And, finally, since these pregnancy problems pose a threat to the health of the mothers too, women who have had abortions face a 58% greater risk of dying during a later pregnancy. (19)

There are similar shocking statistics that expose the serious psychological risks associated with abortion. Since this topic has been assigned to Dean Gladys Sweeney, I will not cover this topic in my remarks. But I cannot conclude my thoughts without at least stating that the emotional scars of this decidedly unsafe procedure are every bit as devastating as the physical ones we have just discussed.

It is my hope that by sharing this data, you will be moved to inform others who are at risk for an abortion procedure. It is a cruel and unconscionable for any of us to remain silent in the face of new scientific evidence that undeniably points to the health risks of this procedure for women. It is time for those in a position of policy-making power to correct the errors of the past and protect the next generation of women from further exploitation and damage.

Thank you.

Footnotes: 1. Frank, et al, "Induced Abortion Operations and Their Early Sequelae", Journal of the Royal College of General Practitioners (April 1985), vol 35, no 73, pp 175-180. 2. Reardon, Aborted Women-Silent No More, (Chicago: Loyola University Press, 1987). 3. Wynn and Wynn, "Some Consequences of Induced Abortion to Children Born Subsequently", British Medical Journal (March 3, 1973), and Foundation for Education and Research in Child Bearing (London, 1972) 4. Wilke, Abortion: Questions and Answers, (Cincinnati, Hayes Publishing Co., 1985). 5. Chun, et al. Effects of Induced Abortion on Subsequent Reproductive Function and Pregnancy Outcome, University of Hawaii (Honolulu, 1981) 6. Atrash, et. Al., "Ectopic Pregnancy in the U.S., 1970-1983" MMRW, Center for Disease Control, vol.35, no. 2ss9.29ss. 7. "Annual Ectopic Totals Rose Steadily in 1970's But Mortality Fell", Family Planning Perspectives (1983) vol,15,p.85. 8. Hilgers, "The Medical Hazards of Legally Induced Abortion," in Hilgers and Horan, eds, Abortion and Social Justice (New York: Sheed and Ward, 1972). 9. Wilke, Handbook on Abortion, (Cincinnati, Hayes Publishing Co., 1979). 10. "Abortion in Hawaii", Family Planning Perspectives (Winter 1973) 5(1): Table 8. 11. Schulz, et. Al., "Measures to Prevent Cervical Injury During Suction Curettage Abortion", The Lancet

(May 28, 1983),pp 1182-1184. 12. Wren, "Cervical Incompetence – Aetiology and Management", Medical Journal of Australia (December 29, 1973), vol 60. 13. Harlap and Davies, "Late Sequelae of Induced Abortion: Complications and Outcome of Pregnancy and Labor", American Journal of Epidemiology (1975). Vol 102, no.3; Hogue, "Impact of Abortion on Subsequent Fecundity", Clinics in Obstetrics and Gynecology (March 1986), col.13,no.1. 14. Lembrych, "Fertility Problems Following Aborted First Pregnancy", eds. Hilgers, et al., New Perspectives on Human Abortion (Frederick, MD.: University Publications of America, 1981). 15. Russel, "Sexual Activity and Its Consequences in the Teenager", Clinics in Ob&Gyn, (Dec 1974). Vol1, no.3, pp 683-698. 16. Reardon, Aborted Women-Silent No More, (Chicago: Loyola University Press, 1987). 17. Hogue, Cates and Tietze, "Impact of Vacuum Aspiration Abortion on Future Childbearing: A Review", Family Planning Perspectives (May-June 1983), col.15, no.3. 18. Reardon, Aborted Women-Silent No More, (Chicago: Loyola University Press, 1987). 19. Reardon,

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Parts of the following are excerpted from an essay written by Peggy Hartshorn, Ph.D., President of Heartbeat International, published in Back to the Drawing Board: The Future of the Pro-Life Movement, Teresa R. Wagner, ed., (South Bend, Ind.: St. Augustine's Press, 2003).

Pregnancy Help Centers: Prevention, Crisis Intervention, Healing: Putting It All Together by Peggy Hartshorn, Ph.D.

The burgeoning numbers and types of alternatives to abortion services and affiliating organizations also tell much about our response to the devastating effects of abortion. The first printed (i.e. mimeographed) directory of contact names and semi-organized centers in the United States contained about 75 entries. The most recent Heartbeat International Directory contains 3,471 entries in the U.S. Approximately 2,026 are pregnancy centers (about 479 of which have added medical services), and about 80% of those are members of one or more of 9 affiliating organizations: *Baptists for Life*, Grand Rapids, MI; *Birthright*, Atlanta, GA; *Care Net*, Sterling, VA; *Christian Life Resources*, Milwaukee, WI; *Heartbeat International*, Columbus, OH; *International Life Services*, Los Angeles, CA; *National Institute of Family and Life Advocates*, Fredericksburg, VA; *National Life Center*, Woodbury, NJ; and *Save-A-Life*, Birmingham, AL.

The rest of the entries consist of 507 professional social service agencies, such as Catholic Charities, also known for providing alternatives to abortion; 319 Christian maternity homes; 166 non-profit, Christian adoption agencies; 27 hotlines; and 54 independent post abortion programs (the vast majority are housed within pregnancy centers).

The History of our Network

The types of organizations reflect our response to the women, girls, and families who have been coming to us for help for over 30 years. In the late 60's and 70's we presumed these women were in short term crisis. Now we recognize them as the walking wounded who need much more than simple crisis intervention.

The birth of pregnancy centers in the U.S. was not a result of *Roe v. Wade* but of the earlier movement to liberalize abortion laws state by state. Concerned people realized that with the carefully crafted message that abortion was sometimes the reluctant, humane, even loving choice; some women would be influenced to abort their babies unless they had help and support. The work was generally seen as service, a humanitarian effort, an outreach of one caring individual to another, although the motive was from deeply held religious values and beliefs.

The first formal alternatives to abortion service organization was Birthright, founded in Canada in 1968.[i] Centers using the Birthright name soon spread to the United States. A strict Charter, established in 1971, is still followed by all Birthrights. Their vision was that you could not save the baby without "saving" (or serving) the mother, and vice versa.

A similar woman-and-baby-centered vision was held by the Alternatives to Abortion, formed in 1971 (now known as Heartbeat International) in the United States.[ii] The founders established a loose federation of independent organizations that could network with and learn from each other. This seemed right for the entrepreneurial United States, where a variety of small organizations had already sprung up, starting in the late 60's, from California to New

York, some operating out of pro-life doctors' offices, churches, or even homes.

While AAI often called itself the "service arm of the pro-life movement," they and Birthright considered themselves quite distinct from Right to Life, the lobbying and educational arm. Their role was primarily "crisis intervention." Once the woman knew she had a friend and could be connected, by referral, to a variety of services in the community (medical care, housing, material aid, and social services), the presumption was that their work had been a "success." The mother was safe, and therefore the baby would be safe.

By the 1980's and certainly in the 1990's, as abortions continued and affected not only women but everyone connected with them, as the culture became more accepting of "sex for recreation," as sexually transmitted diseases surged and AIDS emerged, as marriage declined and the disintegration of the two-parent family continued, the "disconnect" between the original theory and reality became evident.[iii] In response, new values and visions within the pregnancy center movement emerged.

The Baby-Centered Vision: The first influence was the baby-centered approach. It soon brought centers, in general, into disrepute, but eventually led to a movement from within toward real credibility. In the late 1970's, perhaps due to frustration that the lobbying and educational branch had not passed a Human Life Amendment and abortion numbers were skyrocketing, a more proactive influence came into the pregnancy center movement. Centers were urged to advertise alongside abortion clinics in the yellow pages (the phone book indexes referred readers to the same headings, such as Clinics and

Birth Control Information, for both abortion services and abortion alternatives), show slides to clients of fetal development and aborted babies, and, in general, use every possible method to save the baby at risk for abortion. A small number of "Problem Pregnancy Centers" influenced by this approach emerged.[iv]

In 1987, an orchestrated effort by Planned Parenthood resulted in television and magazine exposés on these centers. Stories, written by undercover reporters posing as clients and using hidden cameras and tape recorders, ironically faulted the centers for not being totally "up front" and transparent.[v]

Congressional hearings were held, but pregnancy centers were forbidden from testifying in their own defense, so, in the public arena, pregnancy centers had a "black eye." Many involved in centers felt the embarrassment and shame, and supporters began to wonder if their own center was operating unethically. Centers began to be suspicious of each other. The boomerang effect even caused some to think they needed to "warn" potential clients, in ads and on the phone, of their pro-life values. Client numbers decreased in many areas.

The attacks resulted not in the end of pregnancy help centers, the intention of our opponents, but eventually in strengthening of the centers. In 1993, NIFLA, the National Institute of Family and Life Advocates, was founded specifically to provide legal education and training to help centers become more professional and protect themselves from frivolous tort claims (such as assault and battery for touching a client without her permission), and NIFLA spearheaded the development of the first insurance program to protect centers for "counselor liability."[vi]

The Medical Vision: Some centers in California had been accused of "practicing medicine without a license" for providing urine pregnancy tests, and pro-choice wordsmiths began to label all centers "fake clinics." Meanwhile, in the medical field, ultrasound was emerging as a new diagnostic tool for pregnancy. NIFLA soon envisioned real clinics not only doing pregnancy testing but also using ultrasound to diagnose pregnancy, and pioneered a medical model for centers either licensed by the state or working under the license of a private physician. The potential of ultrasound to help abortion-vulnerable mothers bond with their babies was clear.

More and more centers today are adding ultrasound services for abortion-vulnerable clients. True to their entrepreneurial nature, centers are taking the original model even further, with some adding STD testing, pap smears, natural family planning, prenatal care, birthing centers, and even well baby care. Some are becoming "hub" medical clinics and encouraging other centers to refer clients to them for ultrasound and other medical services. As we partner with doctors, nurses, and other medical personnel to bring a more pro-life and holistic approach to the care of women, we are beginning to see a ripple effect influencing the medical community.

Ironically, the original baby-centered approach, that provided ammunition to discredit centers, eventually led to more professionalism and credibility. Ironically too, our opponents certainly hoped to eliminate all baby pictures. Instead, still pictures have been replaced by images of "live action" ultrasound provided by licensed medical personnel that allows women not only to have an accurate diagnosis of pregnancy at a very early stage (thereby

helping their decision-making process), but also to bond with their babies in utero.

In the early 1980's, Evangelical Christians came into the pro-life service movement in large numbers, and they were a "breath of fresh air" to those who had been carrying the ball since the late 60's. Christian Action Council (CAC) had been formed in 1975, primarily as a pro-life educational and lobbying organization, and it soon saw the need for pregnancy centers. Their first pregnancy center was opened in 1980. In 1984, CAC launched Sanctity of Human Life Sunday on the Sunday closest to January 22, in an effort to educate and motivate Evangelical churches nationwide. The service arm of this organization eventually took priority, the education and lobbying arm of CAC was eliminated, and CAC was renamed Care Net in 1994, to emphasize their network of renamed Pregnancy Care Centers.

The value of the work of pregnancy centers as Christian ministries has been enhanced by the involvement of Focus on the Family, which, in the 1990's, developed a program to support pregnancy centers with educational materials and a ministry office.

The Healing Vision: In the early 70's, we had begun to see clients who had already had one or more abortion and were thinking of another, and we had begun to be approached by post abortive women who wanted to help other women avoid the tragic mistakes they had made. The term "post abortion syndrome" had not yet even been coined. When we consulted professional counselors for help, they either denied that abortion had any ill effects or they cautioned us, as volunteers and nonprofessionals, not

to get involved for fear that post abortive women might become suicidal.

Early attempts were made in some AAI centers to create post abortion programs that were "nondenominational and nonsectarian." However, when centers were confronted with the need for post abortion healing programs, many moved from the service model to a ministry model, realizing that they had to choose a basis for their program and the obvious choice was Biblical. As a result, pregnancy centers have been pioneers in developing post abortion programs for men and women that take the form of support groups, Bible studies, or one-on-one discussions. Organizations have formed whose sole mission is to provide and promote post abortion programs, many of which have their roots in pregnancy centers.

We have also come to realize in pregnancy centers that almost all of our clients have broken sexual integrity. They are wounded by casual sex and broken trust, sexual abuse, incest, date rape, and/or abortion. By the 1980's and certainly by the 90's, most of our clients had grown up in a post Christian era. Most were not even born in the "quaint" time when abortion was illegal and marriage was the default option if there was a crisis pregnancy. Crisis intervention alone is sometimes effective in keeping such clients from jumping off a cliff (i.e. not choosing an abortion), but they are still left with broken limbs and severely damaged internal organs, like broken hearts and souls. Life change and healing are necessary. Our centers have sometimes become "revolving doors," where clients come back time and again for pregnancy tests. Providing ongoing support, education, and healing is becoming a priority in our movement, and new programs are being

introduced in an effort to provide healing and restoration so clients can actually regain their sexual integrity.

The Prevention Vision: Abstinence education, like post abortion healing, also had its beginnings in pregnancy centers, since we had to develop an approach when the client had a negative test, a more common result than the positive test. In the 1980's, as we witnessed more and more clients with multiple sexual partners and sexually transmitted diseases, it became clear that we needed to move the abstinence message outside the pregnancy center, and especially into the schools. All over the country, entrepreneurial center volunteers and staff who had a heart for prevention began to give classroom presentations and inspirational assemblies. Abstinence curricula and speakers began to proliferate and many centers started abstinence education programs in schools and in the community and consider "prevention" a major part of their mission.

Tax-funded abstinence education programs, have expanded dramatically and reached more and more schools and communities (and teen pregnancy and sexual activity rates have declined.). Pregnancy centers have been pioneers in the abstinence field. Many centers now have a prevention program that is equal to or even greater in scope and funding than their crisis intervention program, and some of the best national abstinence education programs have their roots in our centers.[vii]

The Marriage Vision: We have not ignored the growing evidence, placed before our eyes in the person of our client, that the deterioration of marriage in our culture over the past 30 years has led to a dangerous situation for single mothers and their children. The statistics are

overwhelmingly convincing that children raised with both biological or adoptive parents do best in terms of economics, education, physical and mental health, and many other factors related to security and happiness. Children do the least well in all of these measures when raised by single mothers where the fathers are absent. While we have always upheld the value of adoption and marriage, few of our clients choose marriage or adoption. For many of them, raised in an era in which divorce is rampant and co-habitation is common, marriage is a foreign concept.

Many centers are experimenting with programs and materials to get the fathers committed to being involved during the pregnancy and after the baby is born. For example, the founder of Boston's "A Woman's Concern Pregnancy Health Centers," a Baptist minister, initiated a program called "Dad's the Man" to envision males about their role as husbands and fathers. As a result, the pastor has been asked to officiate at several marriages of center clients. The movement is committed to trying to help turn the tide back toward marriage (and adoption), toward more security for both women and children.

Today

We have grown tremendously in terms of numbers and kinds of centers, of professionalism, of breadth and depth of programs (prevention, intervention, healing). Sadly, our growth has mainly been due to the increasingly devastating effects of abortion (and related sexual mores) in our culture, as more and more wounded and scarred women (men and children) seek us out for help and we respond to the needs. We are seeing more and more casualties inside our pregnancy centers.

Today, pregnancy centers offer many services including, but certainly not limited to, pregnancy tests, material help, maternity clothing, baby items and parenting classes. They offer referrals for adoption, medical care, childbirth classes, legal assistance, financial assistance, housing, and many other services that women facing an unexpected pregnancy need. And it's all provided at no cost. Our volunteers come alongside women and offer solutions that women can live with. As a society, we can do better than to tell a woman that her only option is to take the life of her child. A caring society reaches out and helps those mothers who are in a difficult situation. Rather than telling her that her solution is to kill her child, our centers provide real, practical help so that she can choose life for her child. If a woman is feeling pressured into an abortion by those around her, or by financial circumstances, she isn't really being given a "choice." Our centers are striving to change that.

Many of our centers are branching out in an effort to meet the needs of women by providing ultrasounds, STD testing, prenatal care, natural family planning, abuse recovery, and post abortion programs.

What ties all of the diverse centers together in the alternatives to abortion movement is sexual integrity, whose absence is the root of abortion. By sexual integrity, we mean that sexual relationship, unconditional love, marriage between man and woman, children, and God, all go together. If we try to remove one of these from the equation we have almost all of the modern social ills (abortion, but also rampant divorce, co-habitation, fatherlessness, STD's, loveless marriages, promiscuity, child abuse, and more). Sexual integrity is what all pregnancy centers are about: prevention, so sexual integrity is protected and

valued; intervention, when crisis occurs because sexual integrity is not being lived out; and healing, so sexual integrity can be restored.

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[i] Birthright was founded by the late Louise Summerhill in Toronto, Canada. The Birthright USA central office is located in Atlanta, Georgia.

[ii] AAI was founded in Toledo, Ohio, by the late John Hillabrand, M.D., an obstetrician/gynecologist, and Mrs. Lore Maier, an immigrant from Germany who had served as a court reporter at the Nuremburg Trials following World War II. Now called Heartbeat International, the central office is in Columbus, Ohio.

[iii] For research on the decline of the family and marriage, with attendant social problems, see a variety of papers by The Heritage Foundation, Washington, DC, www.heritage.org. For statistics on the rise of sexually transmitted diseases and AIDS, see studies by The Medical Institute, Austin, TX, www.medinstitute.org.

[iv] A manual, written by Bob Pearson over 20 years ago, which promoted this baby-centered vision, is still quoted extensively by NARAL on its web site to discredit pregnancy centers, even though most people in the movement have never even seen the manual.

[v] See "The Making of a Controversy: The History of the Conspiracy Against Pregnancy-Help Centers," a Special Report (vol. iii, no. 3) by Life Decisions International, Washington, DC. Also available on their web site at www.interlife.org.

[vi] Thomas Glessner, J.D. (chairman of the Board of the Seattle pregnancy center, victimized by the NARAL smear campaign of the 1980's) founded and still leads NIFLA, which has also published newsletters detailing the court cases brought against pregnancy centers.

[vii] For example, Abstinence Clearinghouse, the only national organization that tracks and evaluates all abstinence until marriage programs (and also publishes a Directory of these programs and holds annual conferences for abstinence education providers) was founded in 1997 by Leslee Unruh, also founder of the pregnancy center in Sioux Falls, South Dakota.

[LOGO] **Pregnancy Decision**

Health Centers

Annual Report
2003

[Excerpts]

OUR MISSION

The mission of Pregnancy Decision Health Centers is to empower individuals to make healthy life choices consistent with the intrinsic value of every human life.

We seek to provide caring services for responsible sexual values and alternatives to abortion to as many individuals as possible in the central Ohio area. We focus especially on individuals considering abortion because they lack information or support. We do this through programs which provide pregnancy testing and intervention; pregnancy confirmation through medical examination and ultrasound; mentoring and nurturing support; linkage to community resources; education and training; post abortion support; adoption support; material aid; housing referrals for pregnant girls and women; and abstinence education in the community.

We provide consultation to groups who share our vision, and we serve as a leader in the community and movement at large for responsible sexual values and alternatives to abortion.

OUR PRINCIPLES OF SERVICE

1. Services promote life-affirming choices for pregnancy and sexuality.
2. Services are presented in a loving, caring, nonjudgmental manner.

3. Services are presented to people of all races, cultures, and creeds.
4. Services are confidential.
5. Services promote abstinence as the positive life choice for unmarried persons.

OUR VALUES

1. Sanctity of every human life
2. Chastity (abstinence outside of marriage; faithfulness within marriage)
3. Marriage and Family
4. Personal responsibility
5. Self-help
6. Dignity of work
7. Knowledge and wisdom
8. Community
9. Church.
10. Prayer

These values are rooted in and flow from the Christian faith of PDHC Board, Staff, and Volunteers.

HISTORY OF PREGNANCY DECISION HEALTH CENTERS

PDHC exists today because of the dream of a few couples in 1978. Since then, so many others have made this dream their own. These founding couples had helped pregnant women in their own homes, but knew more had to be done. With $500 and 10 volunteers, their vision, to reach out with loving and practical alternatives to abortion, was realized with the opening of our 1st client office

and 24-hour Hotline in January, 1981. The first year God blessed their efforts with 3,109 client visits and calls, and they knew this was the beginning of a local mission effort to extend help to girls and women in need.

Over the next 23 years our programs of help and support expanded along with the numbers of volunteers, supporters, and crisis intervention offices. In 2003 PDHC operated 5 health services offices, a 24 hour hotline, two ultrasonography medical clinics, a post-abortion healing program, abstinence education, and several continuing care programs to meet the physical, emotional and spiritual needs of mothers, fathers, and babies, both born and unborn. As a result, trained staff and volunteers served 19,616 individuals with health services and 14,371 students with abstinence education services in 2003, **a record number.** A key to our health and growth has been the commitment to good stewardship of the funds entrusted to PDHC by our donors, most of whom are individuals and families. **Due to the generosity of donors and volunteers, our services have always been provided at no cost to teens, women, and men who seek our help.** The following chart is a window into our history.

	1981	**2003**
# of People Served	3109	33,987
# of FT & PT Paid Employees	0	32 FTE 27.5
# of Volunteers	10	286
# of Offices	1	5
Since our inception, approximately 3000 abortion-vulnerable women have chosen life for their children		

With each new client need, PDHC strategically answered with a creative new service. The three most noteworthy in our history were the purchase of the Chrysalis House in 1990, the opening of our own Medical Clinic in 1995, and the initiation of an abstinence until marriage education program in the public schools in 1998.

The purpose of the Chrysalis House was to have a place for our Life Plan program to provide prenatal, parenting, and life-skills education. This program, (formerly "Partners") was recognized by the Ohio Department of Health for our excellent work with mothers with a high-risk of an unhealthy birth.

The opening of our Medical Clinic was as instrumental to our life-affirming ministry as the opening of our first office. The Clinic is staffed with volunteer physicians, sonographers, and nurses who provide pregnancy confirmations, physician consultations, and ultrasounds to women considering abortion. The powerful truth of the ultrasound picture has resulted in many abortion-vulnerable clients choosing life for their babies. Since 1995, we have seen more than 2,368 of our most abortion vulnerable clients at the clinic.

1996 marked another significant advancement in our work, with a nurse manager overseeing each neighborhood office and the medical clinic. The nurse managers and health service volunteers invite local medical & social service providers and the local church to join in providing for the needs of clients who visit PDHC.

Reestablishing an abstinence education program in the school system became an obvious need as we constantly counseled with single girls and women in our offices who had never had anyone speak to them of the advantages of

abstinence to their physical and emotional health. We understand that we are fighting an uphill battle, as we try to undo the false message of 'safe sex' and 'condom use' that Planned Parenthood and others have indoctrinated into students, parents, and educators for more than 40 years.

Since our inception, at least 3,000 abortion-vulnerable women have chosen life for their child, and an additional 3,000 women who were struggling with an abortion decision decided to consider other options. Hundreds of women have been emotionally restored from a previous abortion decision, thousands of women and students have made a commitment to end destructive sexual activity, many have opened their hearts to God's love, and thousands more have benefited from our programs.

In our 1999 strategic plan we addressed a concern that we had become too inwardly focused and allowed the huge social service needs of our clients to shift our priorities away from the abortion vulnerable client. We committed to reevaluate our programs and return our priorities to the original vision of:

- Seeking to provide caring services for responsible sexual values and alternatives to abortion to as many individuals as possible in the central Ohio area.
- Focusing especially on individuals considering abortion because they lack information or support.
- Providing consultation to groups who share our vision, and serving as a leader in the community and movement at large for responsible sexual values and alternatives to abortion.

As we entered the new century, we remained committed to constantly reviewing our locations and services and

adjusting to serve the needs of the community. In 2001, we opened a new flagship center/north office, we revamped our programs and services consistent with our mission, adjusted our office hours to better meet client needs, added professional hotline staff, reached out to churches to partner with us in serving client support and healing needs, expanded our school abstinence program, upgraded our volunteer training program, and recommitted to assisting other groups who share our vision, partnering with Heartbeat International to train pregnancy center workers nationally and internationally.

In 2001, we also began a growth campaign, *Legacy of Life . . . A Plan for Growth*, to purchase the building at 665 E. Dublin-Granville Rd. and expand our programs and community outreach. Through year-end we had received $690,000 in pledges.

In 2002, we began the initial stages of a new strategic plan, which calls for partnering with groups throughout central Ohio to reach any abortion-vulnerable person in this area. We also received a grant to expand our media outreach to abortion vulnerable girls and women, to purchase an additional ultrasound and expand medical clinic services by training an additional PT nurse in sonography in order to open a second location, and to expand our fundraising abilities. We served a record number of clients and students (28,737) and had a record 357 life decisions from abortion minded clients with another 293 saying they would reconsider their options.

During 2002, our founder and Board of Directors Chairman for 22 years, Peggy Hartshorn retired from the Board of Directors, moving to the Advisory Board and Emeritus Board Chairman. Longtime Board member, Linda Augspurger,

was elected Chairman, Executive Director Joyce Wilson became President and Debra Neybert became Executive Director, as we restructured our staffing to accommodate the significant growth we have experienced. We moved into a new phase of development that always occurs when a founder retires.

We reached a new milestone in 2003 when the Pregnancy Care Center of Fairfield County merged with PDHC, and in May we reopened their office which had closed in 2002. We began the 2nd phase of our Legacy of Life Growth Campaign. We opened a second medical clinic location at the East Office, and at the invitation of Christian Assembly Church, began planning our 6th office location at 4099 Karl Road (their former Christian School building) to open in 2004.

We enter 2004 in awe of what God has done and continues to do through thousands of faithful staff, volunteers, and donors over the past 23 years. **The Creator and Sustainer of all life is Faithful.**

HEALTH SERVICES CLIENTS

YEAR	HEALTH SERVICES CLIENT VISITS	HOTLINE CALLS	TOTAL NO. SERVED	YEAR to YEAR VARIANCE	
				#	%
1981	309	2,800	3,109	-	-
1982	678	4,100	4,778	1,669	54
1983	1,010	4,500	5,510	732	15
1984	2,229	6,700	8,929	3,419	62
1985	2,892	8,600	11,492	2,563	29
1986	3,017	8,100	11,117	-375	-3
1987	3,320	8,700	12,020	903	8
1988	3,230	9,727	12,957	937	8
1989	3,344	9,270	12,614	-343	-3
1990	3,331	9,923	13,254	640	5
1991	3,833	11,805	15,638	2,384	18
1992	3,871	10,717	14,588	-1,050	-7
1993	3,919	10,841	14,760	172	1
1994	4,037	10,680	14,717	-43	-.2
1995	3,757	7,694	11,451	-3,266	-22
1996	4,045	9,451	13,496	2,045	18
1997	3,908	10,368	14,276	780	6
1998	2,810	8,933	11,743	-2,533	-17.7
1999	3,154	10,122	13,276	1,533	13
2000	3,227	10,810	14,037	761	6
2001	3,750	9,874	13,624	-413	-3
2002	4,432	14,554	18,986	5,362	39
2003	5,115	14,501	19,616	630	3
TOTAL	74,245	212,770	287,015		

CLIENT VISITS BY OFFICE

YEAR	EAST	WEST	NORTH	OSU	GERMAN VILLAGE	LANCASTER
1991	16%	14%	7%	8%	55%	
1992	15%	13%	7%	9%	56%	
1993	14%	14%	8%	8%	56%	
1994	15%	11%	8%	9%	57%	
1995	14%	15%	8%	11%	52%	
1996	15%	11%	8%	12%	54%	
1997	21%	11%	2%	16%	49%	
1998	23%	11%	NA	22%	44%	
1999	23%	13%	NA	19%	45%	
2000	19%	3%	1%	25%	53%	
2001	19%	NA	17%	23%	41%	
2002	17%	NA	29%	19%	34%	
2003	17%	NA	37%	18%	27%	96 clients

*** Lancaster Office Open May through December of 2003 - Served 96 Clients**

REASON FOR HEALTH SERVICEVISIT

YEAR	TEST OR SUPPORT	MATERIAL AID	OTHER	TOTAL # CLIENTS
1991	87%	11%	2%	3833
1992	82%	13%	5%	3871
1993	87%	9%	4%	3919
1994	83%	10%	7%	4037
1995	83%	10%	7%	3757
1996	83%	10%	7%	4045
1997	87%	7%	6%	3908
1998	84%	10%	6%	2810
1999	83%	10%	7%	3154
2000	83%	12%	5%	3227
2001	89%	9%	2%	3750
2002	78%	12%	10%	4432
2003	77%	12%	11%	5,115

HEALTH SERVICES CLIENT DEMOGRAPHICS

RACE	2000	2001	2002	2003	EDUCATION	2000	2001	2002	2003
White	54%	52%	47%	48%	< High School Grad.	33%	33%	35%	33%
Black	39%	42%	41%	45%	High School Grad or >	62%	67%	65%	67%
Other	7%	6%	8%	7%					
INCOME					MARITAL STATUS				
					Single	78%	82%	76%	83%
Dependent	24%	32%	30%	30%	Married	17%	18%	16%	17%
< $10,000	26%	29%	20%	28%					
> $10,000	34%	35%	35%	34%	AVERAGE AGE	22.4	22.5	22.7	22.9

2003 HEARTS CHANGED/ LIVES SAVED
HEALTH SERVICES OFFICES-CRISIS INTERVENTION

DESCRIPTION	1999	2000	2001	2002	2003
# of clients seen	3154	3227	2997	3883	3918
# of pregnancy tests performed	2707	2686	2452	2910	2805
Ab-minded or und before test	590/22	662/25	722/29	882/30	1090/39
Abort/Und before test who tested +	271	365	315	402	501

*PDHC had **4** offices in 1997,1998, 1999, **3** offices in 2000, **4** offices in 2001 & 2002, and **5** in 2003.

MEDICAL CLINIC CRISIS INTERVENTION

DESCRIPTION	1999	2000	2001	2002	2003
# of days clinic open	40/77%	45/85%	77/92%	144/91%	**159**/88%
# of clients scheduled	412	672	661	1027	**1034**
No shows	216 /52%	348/52%	347/52%	458 /45%	**532**/51%
Clients seen	182 /44%	324/48%	317/48%	549/53%	**502/49%**
Decision after follow-up					
"I will parent"	78 /43%	141/44%	168/54%	265/48%	**231**/46%
"I will make adoption plan"	1 /0%	6/2%	6/2%	3/1%	**6**/1%
"Undecided/considering other options"	14 /8%	52/16%	16/5%	97/18%	**25**/5%
Still planning to abort	20 /11%	33/10%	46/15%	62/11%	**42**/8%
Miscarried/not pregnant	9 /5%	14/4%	10/3%	28/5%	**20**/4%
Not reachable	60 /33%	82/25%	68/22%	96/17%	**183**/36%

HOTLINE CRISIS INTERVENTION

DESCRIPTION	1999	2000	2001	2002	2003
Total # of Calls	10,060	10,810	9,874	14,554	14,501
Total # of Client Calls*	7,983	8,469	7,282	10,679	12,556
Total # of New Contact Calls**	4,439	4,327	3,778	5,761	5,811

P.D.H.C. OVERVIEW STATS

Services	2000	2001	2002	2003
Clients seen-Client Offices	3188	2997	3883	3918
Pregnancy tests	3071	2452	2907	2805
Abortion vulnerable before test	599	722	847	1090
Still Abort. Vul. after counseling	307	255	310	346
Pregnant clients making adoption plan	10	11	10	14
Clients affiliated with Christian church	1178	1719	2460	2104
Clients reporting past abortions	386/12%	441/15%	545/14%	558/14%
Clients with unresolved feelings/regret	210/54%	234/53%	313/57%	308/55%
Clients seen at medical clinic	324	317	549	502
Still Abort. Vul. after follow-up	85/26%	62/19%	159/29%	67/13%
Hotline calls	10,201	9,874	14,554	14,501
Total client calls	7,282	8,723	10,858	12,556
Client calls from Yellow Pages	2,690	2,281	1,862	1,850
Client calls from TV, Radio, & Billboard			1,357	913/70/98= 1,081
Abortion Related Calls	1997	1961	2,524	3,177
Life Decisions			357	453
Spiritual Discussion		821	1,804	2,045
Shared Christ			187	475
Clients who Accepted Christ				54
Maternity clothes clients	137	152	259	323
Baby layettes provided	227	201	283	327
H.E.A.R.T. (Post-Abortion Healing)	58	71	48	45
Students served in abstinence programs (school year)	8,242	10,005	10,681	14,371
Teachers served	622	859		
Schools Served	42	62		56
Volunteers	300	320	260	286
Dollar value of volunteer hours	$204,354	$223,963	$170,573	$135,709
Dollar value of staff donated hours		$45,269	$ 58,121	82,932
			TOTAL	$218,641

Other PDHC Programs at a Glance

Program	1999	2000	2001	2002	2003
Material Aid					
# of Clients Receiving a Baby Layette	167	238	201	283	327
# of Clients Receiving Maternity Clothes	160	143	137	259	323
H.E.A.R.T.(Post Abortion Recovery Workshops)					
# of Workshops Held	7	15	17	13	8
# of Women Attending a Workshop	30	65	71	48	45

Healthy Choices Abstinence Program

	/99 (3 mos.)	1999/2000 school yr.	2000	2001	2002	**2003**
Students served	939	8428	8242	10,005	10,681	11,946
Total encounters		23,273	29,925	20,556	65,003	59,730
Average # of encounters		2.76	3.63	2.5	6.09	5
Teachers	51	460	622	859		
School systems	2	4	8	14	13	16
Total Middle Schools	3	4	7	13	20	27
Total High Schools	2	8	14	21	22	25
Elementary Schools		6	6	4	0	0
Other		2		15	2	2
Private Schools		1	2	8	2	2

Total Students served 2002/2003 School Year -- 14,371

PREGNANCY DECISION
HEALTH CENTERS

BOARD REPORT
3rd Quarter 2004

Presented to the Board of Directors

PDHC OVERVIEW STATISTICS

SERVICES	2003 Totals	1st Qtr 2004	2nd Qtr	3rd Qtr		
Client visits-Client Offices	3918	1129	1199	1195		
Pregnancy test	2805	677	726	727		
Abortion vulnerable clients	1090	426	462	449		
Birth Control Failures		360	345	392		
Abstinence Counseling		414	428	426		
Still Abort. Bul. After counseling	346	150	162	192		
Pregnant clients making adoption plan	14	4	4	1		
Clients affiliated with Christian church	2104	571	560	534		
Clients reporting past abortions	558/14%	135	138	104		
Clients with unresolved feelings/regret	308/55%	87/61%	89/65%	51/77%		
Clients seen at medical clinic	502	154	146	102		
Still Abort. Vul. After follow-up	67/13%	17/11%	16/11%	25/25%		
Hotline calls	14,501	3765	3692	3860		
Total client calls	12,556	3158	3167	3352		
Client calls from Yellow Pages	1,850	523/17%	553/17.5%	621/18.5%		
Client calls from TV, Radio, & Billboard	913/70/98=1,081	75	72	54		
Abortion Related Calls	3,177	815/26%	699/22%	761/23%		
Life Decisions	453	165	118	86		

[LOGO]

The Ministry of Care Net

Care Net is one of the largest pro-life organizations in the evangelical network of pregnancy centers in North America, helping to save over 100,000 babies from abortion each year. Care Net represents about 2,400 paid staff, 5,000 board members and over 450,000 volunteers. This team of dedicated Christians is ministering to over 250,000 young women who come to the centers each year, struggling with the fear of being pregnant and alone.

Care Net has been promoting, equipping and developing pregnancy centers for over twenty years. We support over 800 pregnancy centers across the United States and Canada.

Care Net's pregnancy centers are building a culture of life in this nation in three primary areas:

- Prevention
- Intervention
- Reconciliation

Prevention

Committed pregnancy center staff and volunteers presented the message of sexual abstinence to over 800,000 students in classrooms and civic organizations across North America in 2003. In addition, the individual clients of pregnancy centers received lifestyle counseling, emphasizing the importance of sexual abstinence until marriage. Pregnancy center volunteers engage in honest dialogue, encouraging their clients to recognize their self-value and make a plan for purity in their lives.

Intervention

For more than twenty-eight years, Care Net has assisted hundreds of pregnancy centers in becoming life-protecting shelters of hope to women trapped in the despair of an unplanned pregnancy. Life affirming options such as parenting and adoption are presented with care and compassion to women, men and families in need. Tangible helps such as material assistance and limited medical care are offered to the financially challenged. Care Net's pregnancy centers provide educational classes on childbirth and parenting. Many pregnancy centers also offer job skills training by way of computer classes. All the services provided by Care Net's pregnancy centers are free and confidential. Pregnancy centers are impacting our nation for good.

Reconciliation

Beneath the patina of reproductive rights lies three generations of women, men and families that have suffered the emotional trauma of a past abortion. Approximately 3,750 abortions occur daily in this country. Of this number, 43% of these abortions are sought by women who identify themselves as Protestant and 27% from women who are Catholic. Women who identify themselves as Christians obtain two-thirds of the abortions in America. Equipping pregnancy centers to minister effectively in the area of post-abortion recovery is a primary mission of Care Net. In the words of many women and men who have sought relief from the aftermath of abortion,

"No one ever told me I would feel this way."

Four hundred and fifty-four Care Net pregnancy centers offer recovery support groups to women and men who have experienced the trauma of a past abortion. Care Net has produced vital post-abortion resources, leadership training and cutting edge information for our network of pregnancy centers to utilize with their clients, and cultivate the emotional healing desired after an abortion occurs.

In 2004, **101,000** women and **2,710** men participated in Care Net pregnancy center post-abortion counseling and education support groups in this nation. Women and men experiencing post-abortion grief report an increase in alcohol and drug use, episodes of crying, nightmares, or anger with those involved with the abortion. The last stage of grief is acceptance.

Post-abortion counseling and education support groups enable women and men to restore the value of their children who were lost to abortion. Through post-abortion support groups, women and men experience forgiveness, expressing gratitude for a safe environment in which they can express their grief.

As of March 19, 2003, Care Net's affiliates have responded to at least one survey in the past year. Of the affiliated organizations that have responded to our surveys, 75% indicated that they had a post-abortion support group for women.

Care Net Programs

The Option line

The Option Line call center is operated and managed by Care Net and Heartbeat International. It is our newest effort to provide women in crisis with real help 24 hours a

day, seven days a week. The Option Line is serving 3,500 women each month. Six out of ten women who call this help line are considering abortion.

The Option Line provides:

- 24/7 phone coverage
- Bilingual consultants
- Computerized center locator system
- Calls patched through to nearest center

The Urban Initiative

Care Net is planting new pregnancy centers in urban areas where abortion clinics greatly outnumber pregnancy centers. African American and Hispanic women represent only 25% of the population, yet they receive 57% of all abortions. Women deserve more than just one choice.

Ultrasound Legislation

Care Net continues to lobby congress to pass the Informed Choice Act, a bill that will enable pregnancy centers to receive grants for ultrasound machines. Seven out of ten abortion-minded women who see an ultrasound choose life for their unborn children. Last year, Care Net conducted a poll of women and found that 87% of women see ultrasound access as very important.

Multi-Media Campaign

Billboards

In 2003, Care Net placed over 6,000 billboards across the country. Our billboard campaign is in its 8th year of

operation. Thirteen percent of women calling the Option Line do so after seeing a billboard.

TV Commercial

In 2003, Care Net produced a quality 30-second TV commercial and is currently airing it on MTV, Lifetime, E-Entertainment, BET, and Oxygen.

Yellow Pages

The majority of the 35% of women calling the Option Line call center do so after seeing an ad in the Yellow Pages, making it the best performing of all media in which to advertise. In 2003, Care Net will place 30 ads in metro areas across the U.S.

Care Net Publications

Center of Tomorrow Journal

Care Net's new quarterly journal with in-depth research on emerging programs and services for pregnancy centers.

Care Net Report

Care Net's flagship publication, currently in its fifth year of circulation.

Serving With Care and Integrity

Care Net's new volunteer training manual.

Sanctity of Human Life Sunday

Care Net's annual brochure, jointly published with Frontlines.

History of Care Net

Care Net actually began as the Christian Action Council, in 1976. Dr. Harold O. J. Brown founded this organization, with the counsel and encouragement of Rev. Billy Graham and the late Francis A Shaeffer. The first pregnancy center was started in Baltimore in 1980; since then, the number of Care Net pregnancy centers has grown to over 800. Care Net was founded to make up for the consistent failure of political and legal efforts to restore protection to the unborn.

Description	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	2003 Totals	2002 Totals
Religious Affiliation	#reporting	#reporting	#reporting	#reporting		2002
• None	216	265	209	211	901	994/26%
• Non-Christian Religion	35	47	44	33	159	184/5%
• Christian	508	556	578	462	2104	2460/63%
Spiritual Interaction & Resources Given						
Opportunity to share Christ	37	56	84	34	343	187
General Spiritual Discussion *	388	504	516	154	2045	1804
Client Accepted Christ	7	10	7	8	32	27
Unsure if client accepted Christ						53
Client already a Christian	172	293	*			1127
Church Referrals Given	94	101	112	103	417	437
*couldn't find this stat in Access						
Past Abortions						
#/%Clients Reporting Past Abortion(s)	166/16%	168/16%	118/14%	106/12%	558/20%	545
%reporting unresolved feelings or regret	70/48%	85/52%	77/54%	76/72%	308/55%	313/57%
#/%requesting contact about HEART (interest)	80/55%	79/46%	56/40%	49/46%	264/47%	169/31%
Material Aid/Service						
Layettes	73	91	77	86	327	283
Maternity Clothes	59	85	86	93	323	259
Preg. Verification	49	49	72	70	240	150
Walk-ins	498	516	557	410	1981	2179
Appts. Made from Hotline		611				2367
Appointments	344	463	470	482	1759	1498
New Clients	551	608	738	536	2433	2092/54%
Previous Clients	288	372	385	416	1461	1603/41%
Demographics						
Single	639	748	639	398	2424	3023
Married	139	131	147	96	513	669
Black	329	412	357	278	1376	1575
White	343	398	397	347	1485	1796
Other	61	81	65	20	227	291